



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Membership Application

Business Name: _____ Date: _____

Business Member Number: _____ Membership Eligibility: _____

Mailing Address: _____

_____ Physical Address (if different from Mailing Address):

Business Phone: _____ TIN: _____

Business Entity: Sole Proprietor/DBA General Partnership Limited Partnership LLC/PLLC LLP
 Corporation S-Corp Non-Profit Club/Association

Description of Business Operations: Cash Checks ACH Wires

Business Type: Manufacturing Money Service Business Professional Real Estate
 Retail Transportation Other:

Purpose of Acct: Daily AP/AR International Wires Operations Payroll
 Petty Cash Tax Purposes Wire Account

Source of Funds: ACH Cash Check Payments Wire

Member Agreement:

I, an individual acting on behalf of and with authority from the Business referenced above, apply for the above account(s) at ESL Federal Credit Union (ESL) and agree to be bound by the rules applying to the Disclosure Terms and the by-laws of ESL, both as amended from time to time. A copy of the Disclosure Terms and by-laws have been furnished to me.

Income Tax Withholding Certification:

Under penalties of perjury, by the signature(s) above, I/we certify that: (1) The number shown on this form is the account owner's correct taxpayer identification number, (2) The account owner is not subject to backup withholding because: It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding, (3) the account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien) and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exemptions:

Exempt payee code (if any): _____ Exempt from FATCA reporting code (if any): _____

Certification Instructions:

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

USA PATRIOT ACT:

To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Name: _____

DOB: _____

SSN: _____

ID Type: _____

ID Number: _____

ID Expiration: _____

Signature: _____

ID Type: _____

ID Number: _____

ID Expiration: _____

Date: _____

Membership Officer: _____

Branch: _____