



Authorization Agreement For Preauthorized Payments

Please check one: NEW CHANGE

I (We) hereby authorize ESL Federal Credit Union to initiate debit entries to my (our) account at the institution indicated below for my (our) required monthly ESL loan payment. I understand that I must continue to remit monthly payments to ESL until the automatic payments begin. I also understand that I will be notified by ESL at least ten days prior to my next debit if there is a change in the ESL loan payment amount.

BANK NAME: _____

BANK TRANSIT/ABA #: _____ - _____ - _____

BANK ACCOUNT #: _____ Checking
_____ Savings

ESL LOAN #: _____

SELECT LOAN TYPE:

- Mortgage Consumer Loan
 - Auto Loan Home Equity Loan
- } Payment will be debited on the _____ of each month.
(desired date)
- Home Equity Line of Credit – Payment will be debited on the 25th of each month.

This authorization will remain in effect until I (we) complete the "Revocation of Pre-Authorized Payments" form in such a manner to afford ESL reasonable opportunity to act upon it. ESL reserves the right to revoke this authorization if your account at the institution indicated above has insufficient funds in any given month for ESL to process this withdrawal.

Signature(s) [required] _____ Date: _____

Daytime Telephone [required] _____

Please sign, attach a voided check or deposit slip, and mail to:

ESL Federal Credit Union
Attn: Loan Servicing
P.O. Box 92714
Rochester, NY 14692-8814

ESL Use Only

Entry Date: _____ Payment Amount: _____

Approved by: _____ Date of First Payment: _____