



Automatic Payment Change Request

To switch an automatic payment to your ESL account, please print, complete, sign, and submit this form to your payee.

Your Information

Name: _____

Social Security Number: _____

Daytime Phone Number: _____

Company to Receive Payment: _____

Name

Street Address

City, State, ZIP

Amount of Payment: \$ _____

New Financial Institution Information

	ESL Federal Credit Union
	P.O. Box 92714
	Rochester, NY 14692-8814
Phone Number:	585.336.1000
Routing Number:	222371863
Account Number:	_____
	(middle nine digits on the bottom of your ESL checks)

I hereby authorize you to redirect future automated payment withdrawals to my ESL account. Please make this change effective as of:

Effective Date: _____

Signature: _____

Today's Date: _____