

**CONSUMER LOAN  
APPLICATION**



answers to you<sup>SM</sup>

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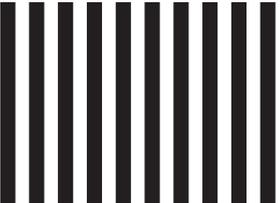
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 559 ROCHESTER NY

POSTAGE WILL BE PAID BY ADDRESSEE

ESL FEDERAL CREDIT UNION  
ATTN: CONSUMER LOAN DEPT  
PO BOX 92714  
ROCHESTER NY 14692-9837



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



*Fold and seal outside edge with two pieces of tape before mailing.*

**ESL PRODUCTS & SERVICES**

- Checking
- Money Maker
- Savings
- Certificates
- IRAs
- Health Savings Accounts
- Mortgages
- Home Equity Loans and Lines of Credit
- Vehicle and Personal Loans
- Short-Term Loans
- Visa® Credit Cards
- Visa® Prepaid Cards
- Visa® Secured Credit Cards
- Visa® Debit Cards
- Online Banking
- Online Bill Pay
- Telephone Banking
- ESL Live Chat Banking
- ATM Network
- Mobile Banking
- Mobile Deposit

**Ask about our full line of Business Banking and Wealth Management products and services.**

**CONNECT WITH US:**

**Corporate Headquarters**  
 225 Chestnut Street > Rochester, NY 14604  
 (Check esl.org for branch locations/hours)

**Contact Center** (Rochester, NY)  
 585.336.1000 > 800.848.2265

**TDD Services**  
 585.336.1399 > 800.243.6722

**Online**  
 esl.org > ESL Live Chat Banking



ESL is a registered service mark of ESL Federal Credit Union. Federally insured by the NCUA.



**ESL CONSUMER LOAN APPLICATION**

Type of Loan Requested  
 Personal     Vehicle     RV     Motorcycle     Boat  
 For Vehicle Loans  
 Pre-Approval     Copy of Purchase Order

Purpose of Loan	Amount Requested	Terms/Months
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**AUTOMATED PAYMENT OPTIONS (SELECT ONE)**

AutoSweep Automatic Transfer: From ESL Account \_\_\_\_\_  ACH (transfer from another bank)

We intend to apply for joint credit \_\_\_\_\_  
 Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_

**APPLICANT INFORMATION**

ESL Member #		Mother's Maiden Name	
First Name	M.I.	Last	
Date of Birth		Social Security #	
House Number & Street Name <input type="checkbox"/> Own <input type="checkbox"/> Rent			
City	State/Zip	Years There	
Email Address		Home Phone ( )	
Your Employer	How Long	Work Phone ( )	
Gross Annual Salary by source (e.g., Primary, Part-time, Rental, Distributions, etc.)			
Additional Gross Annual Income \$ _____ <small><i>Alimony, child support or separate maintenance income need not be revealed if you do not want that income considered as a basis for repayment.</i></small>			
Source _____			
Monthly Mortgage or Rent Payment \$ _____			
Please list property taxes separate if not included in mortgage payment			
Property Taxes \$ _____			
Are you obligated to pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the monthly amount? \$ _____			

**CO-APPLICANT INFORMATION**

ESL Member #		Mother's Maiden Name	
First Name	M.I.	Last	
Date of Birth		Social Security #	
House Number & Street Name <input type="checkbox"/> Same as Primary <input type="checkbox"/> Own <input type="checkbox"/> Rent			
City	State/Zip	Years There	
Email Address		Home Phone ( )	
Your Employer	How Long	Work Phone ( )	
Gross Annual Salary by source (e.g., Primary, Part-time, Rental, Distributions, etc.)			
Additional Gross Annual Income \$ _____ <small><i>Alimony, child support or separate maintenance income need not be revealed if you do not want that income considered as a basis for repayment.</i></small>			
Source _____			
Monthly Mortgage or Rent Payment \$ _____			
Please list property taxes separate if not included in mortgage payment			
Property Taxes \$ _____			
Are you obligated to pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the monthly amount? \$ _____			

**OPTIONAL CREDIT LIFE AND DISABILITY INSURANCE (MUST BE UNDER AGE 66)**

Would you like to apply for: Group Credit Life Insurance?     Yes     Single or     Joint     No    Your Initials \_\_\_\_\_

Would you like to apply for: Group Disability Insurance?     Yes     Single or     Joint     No    Your Initials \_\_\_\_\_

**SIGNATURE(S)**

*APPLICANT(S) PLEASE READ BEFORE SIGNING: You promise all the information given on this application is true, correct and complete. You authorize ESL Federal Credit Union to exchange credit information related to this application and credit granted as part of the credit investigation process. ESL may request a credit report in connection with this application for credit and any credit update, renewal or extension of credit. Upon request, ESL will furnish you with the name and address of the consumer reporting agency furnishing the report. You agree these funds are to be used for the purpose stated. The selection of a contractor or dealer, acceptance of merchandise purchased and work performed is your responsibility.*

_____ APPLICANT SIGNATURE	_____ DATE	_____ CO-APPLICANT SIGNATURE	_____ DATE
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