



ESL Direct Deposit Authorization

To register for ESL Direct Deposit, print and complete this form. Submit the signed form to your employer's payroll representative.

Your Information

Name: _____
Social Security Number: _____
Daytime Phone Number: _____
Name of Employer: _____
Employer Address: _____
Street _____
City, State, ZIP _____

Direct Deposit Information

Financial Institution: ESL Federal Credit Union
P.O. Box 92714
Rochester, NY 14692-8814
Phone Number: 585.336.1000
ABA Routing Number: 222371863
Type of Account: Checking (including Simple Spending)
(circle one) Savings (including Money Maker and Premier Money Maker)
Account Number: _____

Previous Financial Institution Information (if you currently have direct deposit elsewhere)

Financial Institution Name: _____
Account Number: _____
Financial Institution Address: _____
Street _____
City, State, ZIP _____

I hereby authorize my direct deposit to be sent to my ESL account.

Effective Date of Change: _____
Signature: _____
Today's Date: _____