



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Membership Application

Member Name: _____ Member Number: _____

Address: _____ Alternate Address: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

Social Security No.: _____ Date of Birth: _____

Mother's Maiden Name/Password: _____ Date: _____

Membership Eligibility: _____ Membership Share: _____

By signing this membership application, you certify, under penalty of perjury, that you are eligible for membership in ESL Federal Credit Union (ESL), and you agree to abide by the membership rules and the bylaws of ESL, both as amended from time to time. It is a violation of federal law to join this credit union if you are not eligible for membership. ESL will request information to verify your identity when required in accordance with the USA PATRIOT Act of 2001. This application is subject to periodic audits.

ACCOUNT OPENING

I would like to open my Membership Share Account (Daily Dividend). I understand I will automatically receive 24-hour automated telephone and Internet Banking access to my accounts.

I apply for the above account and service(s) at ESL and agree to be bound by the terms in the Savings and Checking Disclosure Terms and Account Agreement and, if applicable, the Electronic Funds Transfer Disclosure Statement and Agreement. A copy of the applicable rules/agreement(s) has been furnished to me.

Income Tax Withholding Certification:

Under the penalties of perjury, I certify that: (1) The number shown on this signature card is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am 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 you have failed to report all 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 certifications required to avoid backup withholding.

Signature: _____ Date: _____

Driver's License (DL) Description: _____ Exp. Date: _____

Identification Type: _____ Description: _____ Exp. Date: _____

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