



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
(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: _____