

Business Partner Application

Please complete application, print, sign and mail or fax to Ascend Federal Credit Union. Attention: Business Development

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____ Web site: _____

Number of employees (if more than 3,000 please contact us for additional instructions): _____

Nearest Ascend Financial Center: _____

Distance (in miles) from your company to the location entered above: _____

Is your company in the field of membership of another credit union? Yes No

If so, name of credit union: _____

Does your company offer direct deposit? Yes No

Does your company offer workplace banking? Yes No

Is your business interested in a business account? Yes No

Business Structure? Sole Proprietor Corporation Non-profit
 Limited Liability Corporation Other _____

President/CEO or top local official: _____

CFO/Controller: _____

Human Resources Manager: _____

Direct Number: _____ Email: _____

Benefits Coordinator: _____

Direct Number: _____ Email: _____

You agree that upon approval, Ascend staff will be given the opportunity to present membership information to your employees within thirty days.

Name: _____ Title: _____

Signature: _____ Date: _____

By submitting this application, you are requesting access for your employees into Ascend Federal Credit Union.

REV. 5/10