

School Partner Application

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

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____ Web site: _____

Number of employees: _____ Number of students (if applicable): _____

Nearest Ascend Financial Center: _____

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

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

If so, name of credit union: _____

Superintendent (if applicable): _____

Principal (if applicable): _____

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 staff and students (if applicable) within thirty days.

Name: _____ Title: _____

Signature: _____ Date: _____

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

REV. 5/10