



Employer Partner Credit Union Membership Application

We appreciate your interest in Eagle Community Credit Union. We would like to know how we can best serve the employees of your company. In this regard, please provide the following information so your credit union membership application can be expedited. Print and mail this completed form to:

Eagle Community Credit Union
Business Development Department
P.O. Box 5196
Lake Forest, CA 92609-8696

Company: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Website:** _____

Key Contact Name: _____

Is this location your corporate headquarters? Yes No

Are there any other locations? Yes No

If Yes, please list them.

What product or service does the company provide?

To whom do you sell your product or service?

Is Direct Deposit (ACH) service available for employees? Yes No

What is the regularly scheduled pay period? Weekly Bi-Weekly Semi-Weekly Monthly

Who is the contact in your company's payroll department for Direct Deposit?

Name: _____ **Phone:** _____

Number of employees? Total _____

Of your employees, how many are: Salaried? _____ Hourly? _____

Of your employees, how many are: Full-time? _____ Part-time? _____

Do your employees currently have access to a credit union through the company? Yes No

If Yes, which one?

How may Eagle CU best serve you?

SIGNATURE: _____ **DATE:** _____

PRINT OR TYPE NAME: _____ **TITLE:** _____

CU Board Approval Date _____

California Department of Financial Institutions Ratification

Authorized Signature _____ Title _____ Date _____