

**Application for Affiliation
with
Cypress West Federal Credit Union**
(for obtaining credit union services for employees/members/associates)

Organization Name: _____ Date: _____

Type: (Check one) Agency Business Non-profit

Phone _____ Fax _____ Company's Web address _____

Manager/contact person _____ title _____

Please answer the following Questions:

1) How many employees are you your payroll? _____ How many contractors do you use? _____ Do you want credit union services for contractors? Yes No

2) When was your company established? _____

3) Will you offer employees direct deposit? Yes No Will you offer contractors direct deposit? Yes No

4) What is the name of and contact information for the person in your organization who is the payroll liaison with the credit union? Name _____ phone _____

5) What is the name of and contact information for the person in your organization who is the employee liaison with the credit union? Name _____ phone _____

6) Do you currently have access to another credit union? Yes No If so, what is it's name? _____. Since when? _____ How many employees are currently participating? _____

If we are accepted for affiliation with Cypress West, we agree to do the following:

- 1) Keep the credit union current with a list of locations of our business.
- 2) Maintain employee and payroll liaisons for the credit union to contact about credit union business.
- 3) Provide direct deposit of our employees' net paychecks and savings.
- 4) Allow the credit union to periodically distribute CU information in payroll envelopes.
- 5) Allow the credit union to periodically offer seminars on topics of interest to our employees.

Signature of responsible party

Print name

Date