

ORGANIZATIONAL PROFILE

Company Name: _____

Address: _____

Phone: _____ Website: _____

Point of Contact: _____

Contact Phone: _____ E-mail: _____

Legal Status of Company:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLP or LLC

Number of Years in Operation: _____ Number of Employees: _____

Has the company ever been partnered with another credit union?

☐ Yes ☐ No If No, please continue to question 6. If Yes, please provide

the following:

a) Name of the other credit union: _____

b) Is the company still affiliated with that credit union: ☐ Yes ☐ No

c) If no longer affiliated, when was the relationship terminated? _____

d) Reason for termination: _____

Does the company have any out-of-state office? ☐ Yes ☐ No

What are the standard days and hours of operation? _____

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Does the company offer direct deposit and/or payroll deduction through the Automated Clearing House (ACH)

☐ Yes ☐ No

Will the company provide direct deposit and/or payroll deduction to credit union members through Foothill Federal Credit Union?

☐ Yes ☐ No

What is the payroll frequency? _____

Will the company promote the credit union as part of its benefit package?

☐ Yes ☐ No

Will the company promote the credit union by allowing the distribution of credit union materials throughout the year?

☐ Yes ☐ No

Does the company offer "new employee orientation meetings"?

☐ Yes ☐ No

Who will be the designated contact employee regarding credit union membership?
Name and title: _____

Could a credit union representative occasionally visit and distribute credit union materials to employees?

☐ Yes ☐ No

How did you learn about Foothill Credit Union?



GROUP MEMBERSHIP REQUEST SAMPLE LETTER

Please complete and retype this sample request on your company's letterhead. Then mail to Foothill Federal Credit Union at the address below. Thank you.

Date

Foothill Credit Union
Business Development & Community Relations Department
P.O. Box 660130
Arcadia, CA 91066-0130

We request sponsorship of Foothill Credit Union. Presently this company is (is not) served by another credit union.

(Company name)_____ is a (description of business)_____
_____. We have been in business since _____.

We currently employ (#)_____ on staff.

Our office(s) is/are located in (city/cities and state)_____.

Our employees would have convenient access to Foothill Federal Credit Union, which is approximately _____ miles from (company name)_____.

We are able to participate in payroll deduction for our staff. All employees are paid from one location at the main office.

Please expedite our request for partnership with Foothill Federal Credit Union.

Sincerely

(Signature of Authorized Official)
(Title)



WE'RE HERE TO SERVE YOU

Foothill's Business Development team is here to help you every step of the way. Our goal is to make our partnership mutually beneficial. Once you've completed the organizational profile and letter requesting partnership, please return them to the following address:

Foothill Credit Union
Attn: Business Development
P.O. Box 660130
Arcadia, CA 91066-0130

If you have any questions, please feel free to reach out to our Business Development Team:

Stacy Arena
Director of Business Development
& Community Relations
626-574-6227
sarena@foothillcu.org

Melissa Alcantar
Business Development Consultant
626-574-6255
malcantar@foothillcu.org

www.foothillcu.org | 626-445-0950 | P.O. Box 660130 Arcadia, CA 91066

