

**\*\*PLEASE PUT THIS SAMPLE LETTER ON YOUR COMPANY LETTERHEAD\*\***

Date \_\_\_\_\_

Ms. Carol A. Allen, President/CEO  
People's Alliance Federal Credit Union  
125 Wireless Boulevard  
Hauppauge, New York 11788

Dear Ms. Allen:

This letter is to advise you that \_\_\_\_\_

(Your Company Name)

located at \_\_\_\_\_ is interested in

(Your address and any other locations)

having our employees become eligible for financial services from your credit union. At the present time, our company is not eligible for membership in any credit union, and does not have the facilities or volunteers necessary to form a credit union of our own.

Currently we have (number) employees. Our organization is approximately (distance in miles) from the nearest People's Alliance Federal Credit Union.

We understand that we shall provide the credit union with payroll deduction/direct deposit for all employees who become members of the credit union.

Sincerely,

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
(Print Name & Title)



125 Wireless Blvd.  
Hauppauge, NY 11788  
Telephone: 631-434-3500  
Fax: 631-434-7366  
www.pafcu.org

## ***Select Employer Group Application***

Submitted by \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

1. Name of business or organization applying for membership

\_\_\_\_\_

2. Business Address

\_\_\_\_\_

3. Mailing Address if different from above

\_\_\_\_\_

4. Organization: Corporation \_\_\_ Partnership \_\_\_ Sole Ownership \_\_\_ Association \_\_\_

List Officers and their titles \_\_\_\_\_

5. Area of operation (list locations in other cities)

\_\_\_\_\_

6. Briefly describe operation of business or association

\_\_\_\_\_

7. Business or association was formed \_\_\_\_\_, \_\_\_\_\_ Total number in group

8. Number of total interested in becoming members of People's Alliance Federal Credit Union \_\_\_

9. Percentage of turnover \_\_\_\_\_ %

10. Salary Range \_\_\_\_\_

11. Parent organization or association \_\_\_\_\_

12. Name of key liaison between group and the People's Alliance Federal Credit Union \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

1. Does your organization offer payroll deduction (or direct deposit) to its employees/members? \_\_\_\_\_
2. Are credit union services now available to any of your group? \_\_\_\_\_
3. If so explain the nature and approximate extent of overlapping of such service. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Applicant Company or Association hereby requests that the following organization be included in the field of membership of the People's Alliance Federal Credit Union.

\_\_\_\_\_  
 Name of Organization

\_\_\_\_\_  
 Authorized Signature Title

**Please send application to:**

People's Alliance Federal Credit Union – 125 Wireless Boulevard – Hauppauge, New York 11788

Attention: Carol Allen, President/CEO

\*\*\*\*\*  
 (Credit Union use only)

Application received this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
(Name) (Title)

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
 (Signature of the Chairman of the Board)

Board of Directors

People's Alliance Federal Credit Union