Dear Ms. Allen:

This letter is to advise you that ________________________________ (Your Company Name) located at ________________________________ is interested in 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)
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

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