



Corporate Partnership Application

Corporate Partner Information:

Group Name: _____

Web Address: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

President/CEO: _____

Primary Contact Name/Title: _____

Phone Number: _____ Fax: _____

Email Address: _____

Nature of Business: _____

Number of Employees: _____ Year Established: _____

Distance from your Company/Organization to the nearest Main Street Financial facility: _____ miles

Does your Company/Organization have multiple locations? Yes No

If yes, where are the other locations? _____

Payroll Frequency: Weekly Bi-Weekly Monthly Semi-Monthly

Do you offer Direct Deposit? Yes No

Can we insert information in your employee payroll? Yes No

Are services of another Credit Union available to your Company/Organization? Yes No

If yes, which Credit Union(s): _____

Communication of Benefit:

Can we schedule on-site Credit Union membership sign-up days? Yes No

If yes, how often should a Credit Union Representative visit your Company/Organization?

Monthly Quarterly Bi-Annually Annually

Do you host any of the following?

New Employee Orientation: Yes No If yes, may we attend/provide information? Yes No

Employee Meetings: Yes No If yes, may we attend/provide information? Yes No

Benefit Fair/Open Enrollment: Yes No If yes, may we attend/provide information? Yes No

Do you have an Employee Newsletter? Yes No

If yes, may we provide articles or promote Credit Union products and services? Yes No

Can we provide employees with a link to the Credit Union on your Intranet/computers? Yes No

Please submit my group for Corporate Partnership in Main Street Financial FCU.

Field of Membership letter attached: Yes No

Signature: _____ Date: _____

Printed Name/Title: _____

Please Return Application & Letter To: Corporate Partnership, 1620 South Range Ave, Denham Springs, LA 70726.

For office use only: Received _____

Submitted for Approval _____

Approved _____