Group Services Survey

Thank you for your interest in Community Financial Credit Union. At Community Financial Credit Union, we are indeed proud to be your new financial partner! We appreciate the confidence you have placed in us.

The following information will help us to know more about your company so we will be able to give you the personalized service you and your employees deserve.

1. Name and address of your company:
   _____ Date of Organization: _____
   _____ Phone: ( ) _____
   _____ Fax: ( ) _____

2. Do you have any employees at any addresses other than listed above? _____
   Please explain: _____

3. What best describes your company?
   - ☐ Association ☐ Manufacturing ☐ Construction
   - ☐ Distributor ☐ Processor ☐ Medical and Health Care
   - ☐ Engineering ☐ Retail ☐ Leasing Agency
   - ☐ Legal Services ☐ Transportation ☐ Technical publications & graphics
   - ☐ Other: _____

4. What is your primary field of business? (Products produced/distributed or services performed)
   _____

5. How many full time employees do you have? Direct _____ Indirect _____

6. What percent of total employees are management? _____;
   Middle-Management _____ ; Production employees (hourly) _____

7. What is the average salary of management employees? $ _____; Middle-Management employees? $ _____ ; Production employees (hourly)? $ _____

8. What is your payroll frequency? ☐ Weekly ☐ Bi-weekly
   ☐ Semi-monthly ☐ Monthly ☐ Other: _____

9. Will you provide payroll deduction for your employees? Yes _____ No _____

10. Will you provide direct deposit for your employees? Yes _____ No _____

11. Will you provide employees with the opportunity to attend an orientation meeting and to sign up for credit union services on company time? Yes _____ No _____ , please explain:
    _____

12. Will the credit union have access to promotional media such as (check items available for credit union use): ☐ Bulletin Boards ☐ Meeting Rooms ☐ Company Paper
    ☐ Company Mailings If no to any of the above, please explain: _____
    _____

13. Will you allow credit union personnel to return on a regular basis (semi-annually or annually) for "Credit Union Days" to be held within your company, preferably in a lunchroom, cafeteria, or break area? Yes _____ No _____ If no, please explain: _____
    _____

14. Who will be the main credit union liaison within your company
    Name: _____ Title: _____

    Department: _____ Phone or ext: _____

    _____
    Date Signature of Authorized Individual Title/Position

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