



## Business Affiliate Application

### • BUSINESS INFORMATION

Business/Organization Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Briefly describe your Business/Organization: \_\_\_\_\_

Sr Management Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

HR Manager: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Founding year of Business/Organization: \_\_\_\_\_

### • EMPLOYEE INFORMATION

Number of Employees/Affiliates: \_\_\_\_\_

Does Business/Organization have seasonal employees? \_\_\_\_\_ Number: \_\_\_\_\_

Does Business/Organization have employees in more than one branch/location? \_\_\_\_\_

Address: \_\_\_\_\_

### • PAYROLL INFORMATION

Payroll Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Payroll Frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly

Payroll ending date: \_\_\_\_\_

Payroll date: \_\_\_\_\_

How did you hear of Bellco Federal Credit Union? \_\_\_\_\_

### • SIGNATURE

Business/Organization Name: \_\_\_\_\_ would like to offer a trusted and valuable credit union benefit provided by Bellco Federal Credit Union to their employees.

Business/Organization Name: \_\_\_\_\_ would like to be contacted with more information regarding offering the valuable credit union benefit provided by Bellco Federal Credit Union to their employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Please mail, email or fax your form to: Lori Anderson, Business Development Manager  
609 Spring Street Wyomissing, Pa 19610, [landerson@bellcocu.org](mailto:landerson@bellcocu.org), 610.376.8461