

# Group Profile



## COMPANY INFORMATION

Purpose of Application:

- Employee Memberships     Business Account     Centennial Lending Loan

Group Name \_\_\_\_\_

Web Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Additional Office Locations:

\_\_\_\_\_  
\_\_\_\_\_

IF multiple office locations, New Employee Orientation is complete at:

- Each Office Location     Main Office Location

Company Officers:

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

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

Brief Description of Company (type of business, how long in operation) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are services of another Credit Union available to your company?  Yes  No

If so, which Credit Union(s)? \_\_\_\_\_

Distance from your company to the nearest Premier Members FCU office: \_\_\_\_\_ Miles

## EMPLOYEE INFORMATION

Total Number of Employees/Members *(Please indicate the number of employees in each category.)*

Salaried \_\_\_\_\_ Hourly \_\_\_\_\_

Total Number of Salaried Employees *(Please indicate the number of employees in each salary range.)*

\$10,000-\$17,999 \_\_\_\_\_

\$18,000-\$24,999 \_\_\_\_\_

\$25,000 and Over \_\_\_\_\_

Length of Employment *(Please indicate number of employees in each category.)*

Less Than One Year \_\_\_\_\_ 1-5 Years \_\_\_\_\_ 5-10 Years \_\_\_\_\_ Over 10 Years \_\_\_\_\_

## PAYROLL INFORMATION

Payroll Contact Name \_\_\_\_\_

Direct Phone Number/Ext. \_\_\_\_\_ Email Address \_\_\_\_\_

Payroll is completed: *(Please check any of the following that apply.)*

In-House     Payroll Service

Name of Payroll Service \_\_\_\_\_

Weekly     Bi-weekly     Other

Day of Week Payroll is Completed: \_\_\_\_\_

Paper List Only     Magnetic Tape     ACH Transmission

## AUTHORIZATION

Name/Title of Person Coordinating Credit Union Affiliation \_\_\_\_\_

Direct Phone Number/Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

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

### FOR OFFICE USE ONLY:

Date of Approval: \_\_\_\_\_

### Please Return Application & Letter to:

5495 Arapahoe Ave.  
Boulder, CO 80303  
Fax: (303) 682-7987  
Attn: Charles Wright