

Group Profile

Name of Company or Organization _____ Date _____

Physical Address _____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Phone Number _____ Fax Number _____

Web address or company url _____

List any other locations _____

Head of Company or Organization _____ Title _____

Appointed Credit Union Contact (*Responsible for keeping and distributing basic Credit Union forms and brochures.*) _____ Title _____

Number of Employees _____ Total

Annual Payroll: _____

How often are your employees paid? _____ When is payday? _____

Person handling payroll _____
Name Title

Do you participate Automatic Clearing House (ACH) Direct Deposit? YES NO

Do you plan on participating in ACH Payroll Deduction to AFCU? YES NO

Outside company processes payroll? YES NO Company name: _____

****Return completed form to:** Arkansas Federal Credit Union, Attn: Mktg. Dept.
Post Office Box 9
Jacksonville, Arkansas 72078-0009