

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 _____

Business Description: _____

Head of Company or Organization _____ Title _____ E-Mail _____

Appointed Credit Union Contact (*Responsible for keeping and distributing Credit Union information to employees.*) _____ Title _____ E-Mail _____

Credit Union Contact – Phone Number _____ Credit Union Contact – Fax Number _____

Number of Employees _____ Total

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

Person handling payroll _____
Name Title

E-Mail _____ Phone Number _____ Fax Number _____

Do you participate in 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: Marketing Dept.
Post Office Box 9
Jacksonville, Arkansas 72078-0009**