

APPLICATION FOR SPONSORSHIP

To Become A San Francisco Federal Credit Union Select Employer Group

Acceptance by San Francisco FCU

By: _____

Title: _____

Department of Financial Institutions

Date: _____ Approved: Yes No

By: _____

Company Name: _____

Street Address: _____

City/State/Zip: _____

Is this your company headquarters? Yes No

of employees at this location: _____ Website Address: _____

Additional office locations: _____ # of employees: _____

Additional office locations: _____ # of employees: _____

Additional office locations: _____ # of employees: _____

A. Description of company business: _____

B. Corporate structure (check one) Corporation Partnership Sole Proprietorship

Other

C. How long has your/the company been in existence? _____

D. Is your/the company affiliated with another/any other credit union(s)? Yes No

E. If yes, please indicate the name of the credit union: _____

F. Are the employees receiving credit union service through sponsorship of another credit union (such as a labor union sponsorship, etc.)? Yes No

G. If yes, please explain: _____

Submission of this application is the applicants request for San Francisco Federal Credit Union to provide financial services to our employees.

By (please print individual's name): _____ Signature: _____

Title: _____ Date: _____

EMPLOYER AGREEMENT

As a sponsor of San Francisco Federal Credit Union, the Employer named above requests:

- | | |
|---|--|
| <input type="checkbox"/> Participation in benefit fairs | <input type="checkbox"/> San Francisco FCU fliers for new hire packets |
| <input type="checkbox"/> On-site financial wellness seminars | <input type="checkbox"/> San Francisco FCU presentation at all staff meetings |
| <input type="checkbox"/> Lobby/Breakroom posters | <input type="checkbox"/> On-site visits/tabletops to promote our products and services |
| <input type="checkbox"/> An article/information for e-newsletters | |

Date _____ Monthly _____ Quarterly _____

Name: _____ Title: _____

Signature: _____ Date: _____

Name of Benefits Coordinator or Other Contact Person: _____

Telephone: _____ Email: _____

Alternate/Backup Contact: _____

Telephone: _____ Email: _____

