

Select Employee Group Enrollment Form



Company/Organization Name: _____

Address: _____

Primary Contact: _____

Title: _____

Phone: _____

Email: _____

Authorized by: _____

Title: _____

Phone: _____

Email: _____

Number of Locations: _____

Locations (please include address and contact name for each location)

Total Number of Employees/Members: _____



We are interested in:

On Site Enrollment Session

Intranet Ads

Payroll Inserts

New Hire Orientation

Posters

New Hire Packets

Seminars

Other: _____

We can customize our programs to meet your specific needs.

Please provide the following information to Freedom Credit Union so that we may better serve your employees.

Does the Company offer Direct Deposit? _____

Would the Company Permit Payroll Inserts with Special Offers by Freedom?

Would the Company Permit Quarterly Site Visits to Inform, Educate, Open Accounts, Answer Questions, etc.? _____

Federally insured
by NCUA



FreedomCU.org/SEG

Please send the completed form to marketing@freedomcu.org