

COMMUNITY PARTNER APPLICATION



Our company wishes to offer credit union membership to our employees by joining the field of membership of GTE Federal Credit Union DBA GTE Financial as a Community Partner. Please consider our information as follows:

Company Name: _____ Tax ID Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Fax Number: _____

Number of Employees: _____ Number of Students: _____ (If a school or university)

Nearest GTE Financial Branch (see gtefinancial.org for locations): _____

How far (in miles) is your main location from the location listed above? _____ miles (Must be less than 25 miles to qualify.)

Does your company offer another credit union? Yes No

If yes, what is the name of the credit union? _____

From the list below, how would you classify your business?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Religious/Church | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Services Provider |
| <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Recreation | <input type="checkbox"/> Software Development |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Medical | <input type="checkbox"/> Restaurant/Service Industry | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Retail/Wholesale | |
| <input type="checkbox"/> Other/Miscellaneous (please explain) _____ | | | |

Briefly explain what your company does? _____

Company website: _____

We would like to have primary and secondary contact persons at your company to receive any correspondence from GTE Financial. Please complete the contact information below:

Person coordinating credit union affiliation:

Name: _____

Position/Title: _____

Phone/Ext.: _____

Email: _____

Secondary contact

Name: _____

Position/Title: _____

Phone/Ext.: _____

Email: _____

Payroll contact name: _____

Payroll is completed: (Please check any of the following that apply) Weekly Bi-weekly Other

Does your company offer direct deposit? Yes No

Name of person submitting request (please print): _____

Title of person submitting request: _____

Signature of person submitting request: _____

For assistance completing this form, call 888.871.2690 ext. 44601, or email to CommunityPartners@gtefinancial.org. Please return to: GTE Financial Community Partner Development Department, 711 E. Henderson Ave., Tampa, FL 33602.