



1455 West Willow St.
Lafayette, LA 70506
Phone: (337) 232-8450
FAX: (337) 232-2786
www.section705fcu.org

Select Employee Group Partner Application

Please complete the application, print, sign and mail or fax to Section 705 Federal Credit Union. Attention: Emily Beatmann.

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____ Website: _____

Number of Employees : _____

Distance (in miles) from your association to Section 705 Federal Credit Union: _____

Is your business in the field of membership of another credit union? Yes ____ No ____

If so, name of credit union: _____

Does your company offer direct deposit ? Yes ____ No ____

Does your company offer workplace banking? Yes ____ No ____

Owner: _____

CFO/ Controller: _____

Human Resources Manager: _____

Direct Number: _____ Email: _____

Benefits Coordinator: _____

Direct Number: _____ Email: _____

You agree that upon approval, Section 705 staff will be given the opportunity to present membership information to your employees within thirty days.

Name: _____ Title: _____

Signature: _____ Date: _____

By submitting this application, you are requesting access for your employees to become Section 705 members.

ATTN: Emily DeRosia Beatmann
Marketing Coordinator
emily_derosia@section705.com