

## **Partner Company Application**

E-mail

Your preferred method of communication (phone or email):

Pleas	Please note that all information is optional - this sheet helps us better understand your company's and your employees' needs.								
1)	Company Name:								
2)	Address:								
3)	Location of Corporate Headquarters:								
4)	Nature of Business:								
5)	Total Number of Employees:								
	Full Time:	Part Time:	ר	Femporary:					
6)	Number of Board Members (if applicable):								
7) Your company will be provided with any Bowater Credit Union materials you would like. Please let use know which method of communication is best for your employees:									
	Posters (Quantity)	Payroll Inserts	Email	Other					
8)	Will you provide payroll deduction and/or direct deposit of your employees' net check?								
9)	9) Is your company affiliated with any other credit union? If so, give the name and address of the credit union:								
Application completed by: (Name & Title)									
	Contact phone number								

Please return completed application to:

Kelsey O'Daniel
VP Marketing

kodaniel@bowaterECU.org

Phone: 423-303-5615 Fax: 423-303-5633