

Date: _____

Dear Valex FCU Board of Directors,

_____ (business/group name) would like to provide the free benefit of Valex Federal Credit Union service to our employees and is requesting to be added to the field of membership for Valex Federal Credit Union.

We understand that there are no fees or partnership obligations for _____ (business/group name) to join the field of membership and to offer our employees the service that Valex Federal Credit Union provides.

Business or Group Name _____

Business Address _____

Authorized Person(s) _____

Title of Authorized Person(s) _____

Contact Phone # _____

Approximate Number of Employees or Group Participants _____

Sincerely,

Signature

Title

Return Form to:
Valex Federal Credit Union
ATTN: FOM Request
PO BOX 13137, Alexandria, LA 71315
valex@ValexFCU.org
(318) 443.1200 Fax (318) 449.4779

*Print this request on your company letterhead.