



Company Contact Form

Associated Healthcare Credit Union is excited to work with your company to enhance your benefits package. To help us implement this benefit, please fill in as much information as possible.

Name of Company _____

Number of Employees _____ Number of Locations _____ (If more than one location please include additional addresses on the lower section of this form)

Name and Title of Primary Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Preferred contact method: Phone Email Mail Fax

Please select all of the ways you would like to participate in the AHCUC Employee Benefit Program:

- AHCUC presentation at new employee orientations
- AHCUC presentation at a staff meeting
- AHCUC participation in employee/staff events (I.E. door prizes at picnics, holiday parties)
- Financial seminar. What topic would you prefer? _____
- Member Information Sessions: Please select how often you would like a Member Information Session visit from AHCUC. Quarterly Bi-annually Annually

Indicate the best time and date to schedule your company's kickoff Open Membership Enrollment booth _____

ADDITIONAL LOCATIONS

LOCATION 1

Address _____

City _____

State, Zip _____

Phone number _____

Contact Person _____

LOCATION 2

Address _____

City _____

State, Zip _____

Phone number _____

Contact Person _____

LOCATION 3

Address _____

City _____

State, Zip _____

Phone number _____

Contact Person _____

LOCATION 4

Address _____

City _____

State, Zip _____

Phone number _____

Contact Person _____