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Association Partner Application

Return completed application, along with a copy of association bylaws, to Ascend Federal Credit Union, Attention: Business Development.

Association Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Address (if different): _____

City: _____ State: _____ ZIP: _____

Main Phone: _____ Website: _____

Number of employees (if more than 3,000, please contact us for additional instructions): _____

Number of members (if more than 3,000, please contact us for additional instructions): _____

Nearest Ascend financial center: _____

Distance (in miles) from your association to the location entered above
(must be within a 25-mile radius of an Ascend facility): _____

Is your association in the field of membership of another credit union? Yes No
If so, name of credit union: _____

Is your association interested in a business account? Yes No

Authorized Representative: _____ Title: _____

Direct Number: _____ Email: _____

Signature: _____ Date: _____

By submitting this application, you are requesting access for your members/employees to join Ascend Federal Credit Union.