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# Academic Partner Application

**Return completed application to Ascend Federal Credit Union, Attention: Business Development.**

Institution 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 students (if more than 3,000, please contact us for additional instructions): \_\_\_\_\_

Nearest Ascend financial center: \_\_\_\_\_

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

Is your institution in the field of membership of another credit union?    Yes    No  
If so, name of credit union: \_\_\_\_\_

President (if applicable): \_\_\_\_\_

Human Resources Manager: \_\_\_\_\_

Direct Number: \_\_\_\_\_ Email: \_\_\_\_\_

Benefits Coordinator: \_\_\_\_\_

Direct Number: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By submitting this application, you are requesting access for your staff and/or students to join Ascend Federal Credit Union.**