



Select Employee Group (SEG) Application for Affiliation

_____ would like to take advantage of your Select Employer
Company Name
Group (SEG) program and provide First Eagle Federal Credit Union (FEFCU) membership to our employees at no cost to us.

Address: _____ Other Locations(s): - _____

Type of Business: _____ CEO of Company: _____

How Long in Business: _____

Contact Person: _____ Title: _____

Phone Number: _____ Ext: _____ Fax No. _____

E-Mail Address: _____

If Contact Person is other than HR employee, who is the HR Manager? _____

of Employees: _____ Part Time: _____ Full Time: _____

Payroll Prepared: In House ADP Other: _____

Payroll Contact Person: _____ Phone #: _____

Payroll Provided By: Payroll Deduction or Direct Deposit (Preferred)

Would you distribute inserts or flyers on behalf of First Eagle Federal Credit Union (i.e. Open Enrollment or New Employee Orientation)? Yes No

How did you hear of First Eagle Federal Credit Union?

Thank you for your interest in First Eagle Federal Credit Union

Please Note: This is not a contract between your company and First Eagle FCU.

Please return your Application to:

First Eagle Federal Credit Union

P.O. Box 1585

Owings Mills, MD 21117

Attention: Marketing Administrator

Tel: 888-231-2022 ■ Fax: 443-548-8030

E-mail: firsteaglefcu.org

