

Group Services Survey

Thank you for your interest
in Volt Credit Union.

The following
information will help us
to know more about your
company so we will be
able to give you the
personalized service you
and your employees
deserve.

1. Name and address of your company:

_____ Date of Organization: _____
Phone: () _____
Fax: () _____
2. Do you have any employees at any addresses other than listed above? _____
Please explain: _____
3. What best describes your company?

<input type="checkbox"/> Association	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction
<input type="checkbox"/> Distributor	<input type="checkbox"/> Processor	<input type="checkbox"/> Medical and Health Care
<input type="checkbox"/> Engineering	<input type="checkbox"/> Retail	<input type="checkbox"/> Leasing Agency
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Technical publications & graphics
<input type="checkbox"/> Other: _____		
4. What is your primary field of business? (Products produced/distributed or services performed)

5. How many full time employees do you have? Direct _____ Indirect _____
6. What percent of total employees are management? _____;
Middle-Management _____; Production employees (hourly) _____
7. What is the average salary of management employees? \$ _____; Middle-Management
employees? \$ _____; Production employees (hourly)? \$ _____
8. What is your payroll frequency? ☐ Weekly ☐ Bi-weekly
☐ Semi-monthly ☐ Monthly ☐ Other: _____
9. Will you provide payroll deduction for your employees? Yes _____ No _____
10. Will you provide direct deposit for your employees? Yes _____ No _____
11. Will you provide employees with the opportunity to attend an orientation meeting and to sign
up for credit union services on company time? Yes _____ No _____, please explain:

12. Will the credit union have access to promotional media such as (check items available for
credit union use): ☐ Bulletin Boards ☐ Meeting Rooms ☐ Company Paper
☐ Company Mailings If no to any of the above, please explain: _____
13. Will you allow credit union personnel to return on a regular basis (semi-annually or annually)
for "Credit Union Days" to be held within your company, preferably in a lunchroom,
cafeteria, or break area? Yes _____ No _____ If no, please explain: _____
14. Who will be the main credit union liaison within your company
Name: _____ Title: _____
Department: _____ Phone or ext: _____

Date Signature of Authorized Individual Title/Position



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