
State of Iowa Division of Credit Unions

Foreign Credit Union Branch Application

Date:

Name of credit union:

Principal office address:

1. Proposed effective date of branch office:

2. Proposed office address:

3. Distance from principal office:

4. Describe security measures:

5. Planned hours of operation:

6. Services to be offered:

7. Statement of contributing factors considered by management to be in support of the establishment of the proposed branch office:

8. Please refer to IAC 189-15.3 (533) (1 thru 17) for additional requirements. A \$250 fee will be assessed when a branch becomes operational.

9. Form completed by:

10. Certification:

We hereby certify and declare that the information included in this application and all attachments to be true and correct to the best of our knowledge and belief. We agree to comply with the provisions of all laws and rules promulgated by the Credit Union Division applicable to branch offices.

Signed for the Board of Directors:

Chairperson/Vice Chairperson

_____ Date

APPROVED

DENIED

Signature of Superintendent, Division of Credit Unions

Date