

2018 WV Credit Union League Directory Information Request Form

If your credit union information has not changed since the last publication, please check the box and return Page 1 complete with your credit union name.

Credit Union Name: _____

Credit Union Manager: _____

Credit Union Manager Title: _____

Manager's Email Address: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

800 Number: _____

Fax Number: _____

Office Hours: _____

Website Address: _____

Please mail, e-mail or fax your credit union's information by **January 19, 2018**.

Thank You!

WV Credit Union League
411 Cedar Grove Road
Parkersburg, WV 26104

Fax: (304) 485-0573 / E-mail: mtant@wvcul.org

ATM Locations

Please complete the form below if your credit union has ATM Locations.

Credit Union Name: _____

Name of ATM Networks You Participate In: _____

ATM location 1: Address: _____

City _____ State ____ Zip _____

ATM location 2: Address: _____

City _____ State ____ Zip _____

ATM location 3: Address: _____

City _____ State ____ Zip _____

ATM location 4: Address: _____

City _____ State ____ Zip _____

ATM location 5: Address: _____

City _____ State ____ Zip _____

ATM location 6: Address: _____

City _____ State ____ Zip _____

Branch Locations

Please complete the form below if your credit union has Branch Locations.

Credit Union Name: _____

Branch location 1: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____

Branch location 2: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____

Branch location 3: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____

Branch location 4: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____

Branch location 5: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____

Branch location 6: Address: _____

Hours: City _____ State ____ Zip _____

_____ Contact: _____ Phone _____ Fax _____