Oregon Department of Consumer & Business Services Division of Financial Regulation

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-378-4140 • Fax: 503-947-7862 • TTY: 503-378-4100

http://dfcs.oregon.gov



STATE CREDIT UNION CHECKLIST FOR ESTABLISHMENT OF A BRANCH

Ple	ease s	ubmit the following information as part of your application for a branch office of your credit union:				
1.		Reason for the request				
2.		Proposed location of branch office				
3.		Estimated number of members branch will serve, with indicated radius in miles				
4.		Distance and geographical direction to proposed branch from the head office				
5.		Information to support the opinion there is a member need for the proposed branch in the area				
6.		A physical description of the quarters to be occupied by the proposed branch				
7.		Proposed opening date of the branch				
8.		Approximate annual costs of operating the branch and three-year projections for all credit union operations				
9.		Tabulate under headings "Loans" and "Shares and Deposits" the amounts now held in the head office or other branches originating in the area to be serviced by the branch, the estimated amounts the proposed branch is expected to have (1) at the end of one year's operation, (2) at the end of two years' operation, and (3) at the end of three years' operation.				
10.	. 🗌	If the property is to be purchased, information as to the estimated cost thereof				
11.	. 🗆	If the property is to be leased, information as to the terms of the proposed lease and the estimated improvement costs, if any, to be incurred by the leasee				
12.	. 🗌	Description of vault, furniture, fixtures, and equipment for the proposed branch, along with projection of their cost. If complete housing plans have not been formulated for the branch, limits should be set on the expected investment in building, leasehold improvement, furniture, fixtures, and equipment.				
13.	. 🗆	Impact proposed branch office will have on head office				
14.		Plans for staffing the proposed branch				
15.	. 🗆	Most recent month-end financial statement, including income and expense				
16.		Payment of \$300 for each branch application				



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APPLICATION FOR PERMISSION TO ESTABLISH A CREDIT UNION BRANCH OFFICE

To the Administrator Division of Financial Regulation Salem, Oregon

Credit Union,		_ , Oregon,	do hereby make app	lication for permiss	sion to establish a
branch office at			,		County, Oregon
branch office at	Address	City	ZIP		
to be known as the		Bran	ch of		
Credit Union in accorda	nce with ORS 723.				
Dated at	, Oregon, this		_ day of	, 20 _	·
Directors' signatures:					
ake check or money ord			Mail application wi		
nsumer & Business Servolicant must sign credit ca			DCBS Fiscal Ser P.O. Box 14610	vices	
; do <i>not</i> send cash.			Salem, OR 97309	9-0405	
Visa ☐ MasterCard ☐ Disco	over Phone: ()		DCBS Fiscal use of Fee: \$300	nly: 61310/1002	
Credit card number	Ex	piration			
Name of cardholder as shown on	credit card				
	\$				
Cardholder signature	Α	mount			

