

Oregon Department of Consumer & Business Services

Division of Finance & Corporate Securities

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**

Please submit 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 Finance and Corporate Securities
Salem, Oregon

We, the majority of the board of directors of _____
Credit Union, _____, Oregon, do hereby make application for permission to establish a
branch office at _____, _____ County, Oregon,
Address City ZIP
to be known as the _____ Branch of _____
Credit Union in accordance with ORS 723.

Dated at _____, Oregon, this _____ day of _____, 20 _____.

Directors' signatures:

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do *not* fax; do *not* send cash.

Mail application with payment to:
DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0405

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: ()	
_____	_____
Credit card number	Expiration
Name of cardholder as shown on credit card	
_____	\$ _____
Cardholder signature	Amount

DCBS Fiscal use only: 61310/1002
Fee: \$300

