

Branch Stipend Checklist:

Conduct at least 2 Branch meetings per year
(1 of the meetings must be announced as an election of officers)

Send meeting announcements 30-days prior to meeting to be published online and in newspaper

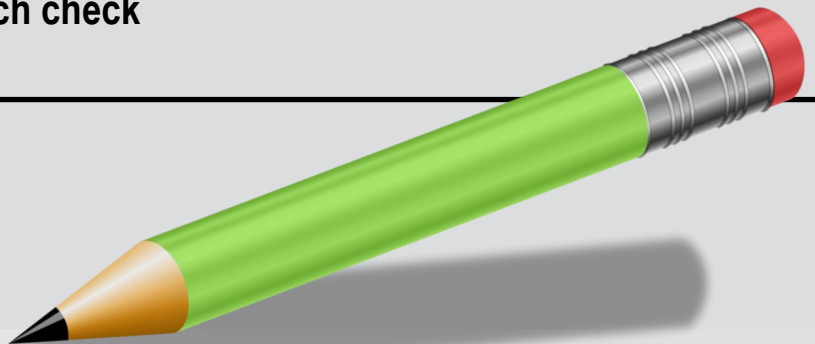
Submit an Annual Report to the Executive Secretary by February 15th, 2025
(Include Financial Report, Meeting Attendance Sheet, Branch Officer Directory with reported fraternal activities and minutes of the meetings)

Send 1 Branch representative to attend at least 1 District meeting

Be in good standing with your District by paying current fiscal and outstanding dues

Provide the Home Office with current information about members
(Current addresses, completed change of beneficiary forms, death reports and other required forms)

Provide a voided branch check



12/18/2024

Dear Branch Officer:

Please find enclosed the Branch Annual Report forms to be completed and returned to the Home Office by February 15, 2025 as per Section 4.05(b) of the Bylaws, effective January 1, 2023.

Please note a change on the Financial Report. We are requiring each branch to include a voided check from the branch bank account. This will enable us to follow the banking guidelines by issuing checks to the branch as it is recognized by the banking institution. The branch also has the option of having their 2025 Branch Stipend check automatically deposited in an account by completing the Branch Direct Deposit Form.

2025 Branch Questionnaire Guidelines

Section 1:

Each branch has a “hub” which is used in the Jednota newspaper and on the website to identify the general location of the members of the branch. Please complete section 1 to provide us the location to be associated with your branch.

Section 2:

We completed the rebranding and trademarking process for the new FCSU Financial name and logo. It is important that every branch uses the new trademarked FCSU name and logo on their letterhead, business cards and promotional materials. Please specify in section 2 whether your branch would like letterhead or business cards. The Home Office will contact you and create the official letterhead for your branch and email you a pdf file.

Section 3:

Any correspondence from the Home Office will be sent to the designated branch officer. If the branch President would like to receive a copy of the correspondence, please complete section 3.

Section 4:

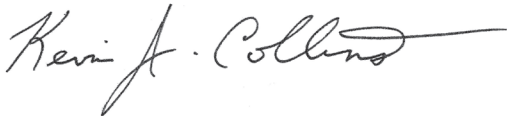
Any check(s) issued to the branch by the Home Office will be sent to the designated branch officer. If the branch President would like to receive a copy of the check, please complete section 4.

Section 5:

We are including the 2025 Deposit Agreement Update Form to be completed by the current officers of the branch. If the branch does not have a Deposit Agreement and would like information to open one, please circle yes in section 5 and the Home Office will contact you. It's an easy way to deposit your branch money at the Home Office into a savings account that accrues interest.

Thank you for all your hard work to keep our Society fraternally and financially strong.

Fraternally,

A handwritten signature in black ink that reads "Kevin J. Collins". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Kevin J. Collins
Executive Secretary/COO

KJC/bs
enclosures



2024 BRANCH ANNUAL REPORT

Branch Name: _____ Branch #: _____

City: _____ State: _____

Meeting Date(s): _____

ALL OF THE FOLLOWING INFORMATION MUST BE INCLUDED TO QUALIFY FOR THE BRANCH STIPEND:

- 1. A copy of the meeting notices sent for publication in the Jednota Newspaper.
- 2. A copy of the meeting minutes from each meeting, along with the signed Attendance Sheet(s) listing the members who attended.
- 3. List the dates of the District meeting(s) your Branch member(s) attended:

4. Are your District Dues paid up to date? Yes No

5. List the fraternal activities your Branch hosted, supported, promoted and attended during the past year:

6. Branch Financial Report

Signature of Branch Officer

Date

If you need additional space, please attach a separate paper to this form.

Return completed form and enclosures to the Home Office by mail or email to kcollins@fcsu.com no later than February 15, 2025.



Branch Name: _____ Branch #: _____

City: _____ State: _____

Checking Account *(Attach voided check from Branch checking account):*

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Savings Account:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

Certificate of Deposit:

Account Number: _____

Name of Financial Institution: _____

Balance as of Meeting Date: _____

FCSU Deposit Agreement:

Account Number: _____

Balance as of Meeting Date: _____

Signature of Financial Officer

Meeting Date



2025 BRANCH DIRECTORY

Branch Name: _____ Branch #: _____

City: _____ State: _____

PRESIDENT: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

VICE PRESIDENT: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

TREASURER: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

FINANCIAL SECRETARY: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

RECORDING SECRETARY: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

CORRESPONDENCE OFFICER: _____

(Receives all mailings from home office and is responsible for branch announcements)

FINANCIAL OFFICER (Receives all checks from home office): _____

SPECIAL REQUESTS: _____

List any other officers on the back. Please return this form to the Home Office immediately so we may update our records.



DEPOSIT AGREEMENT UPDATE (2025)

Deposit Agreement Contract #: _____

Tax ID #: _____

Name of Deposit Agreement: _____

President: _____

Treasurer: _____

Secretary: _____

Contact Person: _____

Contact Person Phone #: _____

Contact Person Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of signature(s) required for withdrawal (Choose up to 3) 1 2 3

Authorized Signature(s):

1. Print Name: _____ Title: _____
Signature: _____

2. Print Name: _____ Title: _____
Signature: _____

3. Print Name: _____ Title: _____
Signature: _____

Date: _____



SECTION 1

Branch Name: _____ Branch #: _____

City: _____ State: _____

SECTION 2

Branch Letterhead Yes No

Branch Business Card Yes No

If yes, Contact Officer Name: _____

Contact Officer Email: _____

Contact Officer Phone: _____

SECTION 3

Branch President to receive a copy of mailings/correspondence

sent to Correspondence Officer: Yes No

SECTION 4

Branch President to receive a copy of checks mailed to Financial Officer:

Yes No

SECTION 5

Interest in opening a Branch Deposit Agreement:

Yes No

Branch Deposit Agreement at Home Office

Yes No



DIRECT DEPOSIT ENROLLMENT FORM
AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

To have the Branch payments sent directly to the Branch bank account, complete this form.

SECTION 1 – Account Information

Branch Name: _____ Branch #: _____

Name of Branch Financial Officer: _____

Email: _____ Phone: _____

SECTION 2 – Payment

You **MUST ATTACH A VOIDED BRANCH CHECK or SAVINGS ACCOUNT STATEMENT**. By selecting Direct Deposit, you authorize FCSU Financial® to initiate a credit and, if necessary, debit corrections to the specified account. Note: We cannot obtain acceptable banking information from deposit slips.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #: Bank Acc.#:

SECTION 3 – Pre-Authorization Agreement

I authorize FCSU Financial® to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to the above referenced account. I agree to inform FCSU Financial® in writing of any changes to my account or my intent to terminate this authorization. I understand that the payments may be processed on the following business day. I acknowledge that this ACH shall remain in full force and effect until FCSU Financial® has received notice of termination from me (Section 4).

SECTION 4 – Termination of Pre-Authorization charge notice

I hereby direct FCSU Financial® to cancel my Direct Deposit Enrollment Form (ACH). Such notice must be provided in a manner and timeframe that allows FCSU Financial® and the Depository a reasonable opportunity to process the termination (at least fifteen (15) days prior).

SECTION 5 – Signatory Acknowledgement

By signing below, I confirm that I have read, understand and agree to the terms specified in this pre-authorization agreement.

Signature

Date