Rev 01-2023

Please submit completed forms or any questions to the following email address:
RA-BNCUSUBMISSIONS@pa.gov

Pennsylvania
Department of Banking and Securities

Market Square Plaza | 17 N Second Street, Suite 1300 | Harrisburg, PA 17101
717.787.2665 | www.dobs.pa.gov

STATEMENT OF OFFICERS AND DIRECTORS

In compliance with the requirements of the Credit Union Code 17 Pa. C.S. §706, the ensuing Statement is filed with the Pennsylvania Department of Banking and Securities.

Credit Union Name: _____

Mailing Address: _____

☐ ***(check if new address)*** _____

City State Zip

Headquarters Address: _____ County: _____

_____

City State Zip

Telephone Number: _____ **Fax Number:** _____

Date of Annual Meeting: _____ **Office Hours:** _____

☐ **CEO or** ☐ **Manager:** _____ **Email:** _____

☐ Full Time ☐ Part Time

OFFICERS OF THE BOARD OF DIRECTORS	
President:	
Chairman:	
Vice President:	
Vice Chairman:	
Secretary:	
Treasurer:	

EXECUTIVE COMMITTEE (Not Less Than Three Members of the Board)		
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**

BOARD OF DIRECTORS	
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**
Director	**Director**
Name: **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City: State: Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: Term Expires:	**Date Elected: Term Expires:**

SUPERVISORY COMMITTEE	
Supervisory Committee Member	**Supervisory Committee Member**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: **Term Expires:**	**Date Elected:** **Term Expires:**
Supervisory Committee Member	**Supervisory Committee Member**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: **Term Expires:**	**Date Elected:** **Term Expires:**
Supervisory Committee Member	**Supervisory Committee Member**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: **Term Expires:**	**Date Elected:** **Term Expires:**

CREDIT COMMITTEE	
☐ **Elected** ☐ **Appointed** ☐ **None**	
Credit Committee Member	**Credit Committee Member**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Credit Committee Member	**Credit Committee Member**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**

APPOINTED OFFICIALS	
Assistant Treasurer	**Membership Officer**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**

OFFICERS IN CHARGE OF OPERATIONS (If Employed)	
President	**☐ CEO or ☐ Manager**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: **Term Expires:**	**Date Elected:** **Term Expires:**
Executive Vice President	**Assistant Manager**
Name: **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**	**Name:** **Address:** **City:** **State:** **Zip:** **E-mail:** **Home Phone:** **Work Phone:**
Date Elected: **Term Expires:**	**Date Elected:** **Term Expires:**

Signed on this _____ day of _____ in the year _____.

_____

Secretary / Treasurer

NOTE:
The Credit Union Code requires this Statement to be filed with the Pennsylvania Department of Banking and Securities within ten (10) days after the date of election of officers and provides for a Penalty of One Hundred Dollars ($100.00) per day of delinquency for failure to file such Statements when due.

A revised Statement is to be filed with the Department whenever a change occurs in the information embodied in the Statement.