



Group Information Statement

Company/Organization Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Nature of Business or Organization: _____

Email Address: _____

Number of Employees/Members¹ (including employees who work outside of MD): _____

How did you hear about Point Breeze Credit Union? _____

Our Company/Organization, named above, would like to offer Point Breeze Credit Union membership. We confirm that the following is true:

- One of our offices/organizations is located within 20 miles of a Point Breeze Credit Union office.
- We understand that there will not be any costs or fees assessable to or payable by the Company/Organization for allowing our employees/members¹ to join Point Breeze Credit Union, that the Company/Organization is in no way affiliated with Point Breeze Credit Union and further that the Company/Organization has no obligation or liability to Point Breeze Credit Union except as herein stated.

This allows all employees/members¹ and their immediate family to open accounts at Point Breeze Credit Union effective immediately.

Authorized Representative's Name (Printed)

Authorized Representative's Title (Printed)

Authorized Representative's Signature

Date

All future Point Breeze Credit Union correspondence will be addressed to the authorized Company/Organization Representative unless otherwise specified.

Please return to Business Development:
marketing@pointbreezecu.com
11104 McCormick Rd, Hunt Valley, MD 21031
Facsimile: 410.584.7438

¹The term "Members" includes volunteers, participants, committee members, board members, etc., of your organization. Please call 410.584.7228 with questions.