



REFER A FRIEND TO SFCU! \$25 for you \$25 for them

Complete this form and pass it along. Have your referral bring the form when joining.

Member Name:

Phone: _____

Email: _____

Referred Member Name:

Relationship:

Must qualify for membership. New member must be referred to earn \$25. SFCU will deposit \$25 into your new checking account. The funds will be deposited at the time of account opening and the account must remain open for **at least** 60 days.

*Direct Deposit must post within 60 days of open date **to fulfill bonus criteria**. Accounts must be in good standing to qualify.

Visit www.sunrisefamilycu.org for more details.

Office use - Teller initials: _____ Date: _____