



### Referral Form

Complete this form and have your referral bring it along when joining PriorityONE.

Member Name \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Referred Member Name \_\_\_\_\_

Relationship \_\_\_\_\_

*\*Must qualify for membership. New members must be referred to earn \$25. POCU will deposit \$25 into your account when you open a savings and a checking account. The funds will be deposited at the time of opening and held by share pledge for 60 days. Youth accounts may be savings only and qualify. Members who refer multiple youth accounts will only receive \$25. Member's accounts must be in good standing to be eligible for this \$25 offer. This offer cannot be combined with other referral promotions.*



Federally insured by NCUA

For CU Use:

Employee Initial \_\_\_\_\_ Date \_\_\_\_\_



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