



## Group Information Statement

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Nature of Business or Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Employees/Members<sup>1</sup> (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/members<sup>1</sup> 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/members<sup>1</sup> 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

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