

MEMBER REFERRAL VERIFICATION

Date:

Attention:

Credit

Union:

Branch:

Fax:

From: Mijay Pavon – Marketing Coordinator
Marketing and Creative Services,
Central 1 Credit Union

Fax: 604-730-6434

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**PLEASE COMPLETE THE FORM AND FAX WITHIN 2 BUSINESS DAYS TO:
MIJAY PAVON AT 604-730-6434**

Your credit union has received a member referral from another credit union in the last 3 months. Please verify that the following member has opened an account at your branch by providing the balances for the following products and services:

MEMBER NAME:

1. MEMBER REFERRAL ACCEPTED MEMBER REFERRAL REJECTED MEMBER DID NOT SHOW

2. ACCOUNTS/ INVESTMENTS

ALL CHEQUING ACCOUNTS \$ _____
ALL SAVINGS ACCOUNTS \$ _____
ALL US SAVINGS ACCOUNTS \$ _____
MEMBERSHIP SHARES \$ _____
ALL TERM DEPOSITS \$ _____
ALL RRSP \$ _____
ALL RRIFs \$ _____

3. LOANS (PLEASE INDICATE BALANCES OF CURRENT AND PENDING LENDING PRODUCTS)

PERSONAL LINE OF CREDIT \$ _____
PERSONAL LOAN \$ _____
APPROVED MORTGAGE \$ _____
OTHER (SPECIFY) \$ _____

STAFF NAME: _____ TITLE: _____

SIGNATURE: _____

**Please note the Privacy Policy on the Member referral form gives Central 1 Credit Union the right to receive the above information.
Contact Mijay Pavon at MRP@central1.com for a copy of the privacy policy.*

Marketing and Creative Services Department
Central 1 Credit Union
1441 Creekside Drive Vancouver, BC
Tel: 604.730.5101
Fax: 604.730.6434

