



Credit Union Profile

Return to harvey@soaringeaglesolutions.com

This is not the Contract

Date: _____

CU Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Initial Contact Person: _____ Title: _____

Phone & Ext: _____ Email: _____

Approximate date you want available to members (Allow 4-6 weeks to setup): _____

of Members: _____ # of Employees: _____ # of Branches: _____

Do you have members that live in any of the states listed below?

- AL ___
- AK ___
- AR ___
- IL ___
- MA ___
- MS ___
- MT ___
- NE ___
- NJ ___
- ND ___
- SC ___
- TN ___
- TX ___
- VA ___
- WI ___

Check all the ways you plan to promote our products to your members? On 2nd line write how often, continuous, weekly, monthly, quarterly, semi-annual, annual

___ Attach to a Checking or Savings Account

AND / OR

How Often

___ Ad and/or Link on Website _____

___ Ad or Article in Newsletter _____

___ Statement Stuffers _____

___ Signage in Lobby _____

___ Promote on Social Media _____

___ Promote @ SEG* Meetings _____

___ Identity Theft Seminars _____

___ Allow SEBS** Mail/Email to Member List _____

___ Plan to Have SEBS Staff Meet w/Members at Branch/es to Introduce _____

___ Other _____

Contact Person After Setup: if different than initial contact person

Name: _____ Title: _____

Phone & Ext: _____ Email: _____

*SEG – Select Employer Groups

**SEBS – Soaring Eagle Business Solutions LLC