



Referral Rewards Information Form

Existing Customer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Or

Employee Referral

Employee Name: _____

Home Branch: _____

New Customer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Type of New Account: _____

New Account Number: _____

By signing below I consent to allow Eagle Bank to notify the referring party that I have successfully opened a new Savings Account or a CheckRight Free, which enables them to receive a reward. The existing customer will not be disclosed any of my non-public personal information.

Signature: _____ Date: _____

(New Customer)

Verified by: _____ Date: _____

(Sales and Service Representative)

For Marketing Use Only

Date Received: _____

Date Reward Sent: _____ Initials: _____