

Membership Referral Certificate

I, _____, do hereby refer
_____ as a member of ABD Credit Union.

I understand that my signature will be verified prior to the acceptance of the new member.

I also understand that ABD Credit Union reserves the right to contact me directly at
(_____) _____ (daytime phone) to verify this referral.

Signed _____ date _____

ABD Federal Credit Union



ABD FEDERAL CREDIT UNION

27850 Mound Rd.

Warren MI 48092

586-751-4400

586-751-4407 fax