



Employee Benefit Agreement

We, _____, agree to sponsor SACU as an employee/member benefit that encourages a lifestyle of saving and borrowing, promote and sustain thrift and wise use of credit in the communities we live, work and serve.

SACU agrees to partner and collaborate on the following benefits for the employees/members:

1. Transfer financial knowledge to encourage and promote saving and borrowing without discrimination by reason of age, sex, marital status, race, religion, or national origin.
2. Build relationship(s) with the liaison(s) appointed by the Partner company/association.
3. Continue to learn financial needs.
4. Provide feedback on lessons learned.
5. Partner on events and activities that are mutually beneficial.

_____ agrees to partner and collaborate on the following benefits for our employees/members:

1. Promote and inform on SACU services.
2. Appoint one or more liaison(s) to build relationship(s) with SACU.
3. Continually learn financial needs.
4. Provide feedback on lessons learned.
5. Partner on events and activities that are mutually beneficial.

Partner Information:

Company/Association Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Website: _____

Number of Employees/Members: _____

Company/Association Liaison(s): _____

Email address: _____

Company/Association Authorized Signature: _____

Title of Authorized Signer: _____

Date: _____

Send your Employee Benefit Agreement to: BusinessDevelopment@sacu.com or fax 210.258.1780. For questions call our Business Development Team at 210.258.1854.

Federally insured by the NCUA