



# Perk Points Redemption Form

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Account# \_\_\_\_\_ Number of Points to Redeem \_\_\_\_\_

Address to Mail Gift Card \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to** Summit Credit Union  
Attention: Marketing  
8210 West Market Street  
Greensboro, NC 27409

**Fax to** 336-662-6150

**E-mail to** [jhegyi@summitcu.org](mailto:jhegyi@summitcu.org)