



## PARENTAL GUARANTEE OF A MINOR CHECKING ACCOUNT/CHECK CARD

Please print clearly in blue or black ink. Sections must be fully completed before submission.

Check the box that applies:  ATM Card Only  Checking Account Only  Checking Account with Visa Check Card

### SECTION ONE – MINOR INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	CREDIT UNION ACCOUNT NUMBER
ADDRESS	CITY, STATE, ZIP
DAYTIME PHONE	E-MAIL

### SECTION TWO — PARENT/GUARDIAN INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	CREDIT UNION ACCOUNT NUMBER
ADDRESS	CITY, STATE, ZIP
DAYTIME PHONE	E-MAIL

### SECTION THREE — AUTHORIZATION FOR CHECKING ACCOUNT

The undersigned hereby requests Community Financial Credit Union to permit said minor's name in Section 1, a minor son/daughter of the undersigned, to establish and maintain a checking account with Community Financial Credit Union in said minor's name, and in consideration of so doing, the undersigned hereby agrees to hold Community Financial Credit Union harmless and indemnified from and against any and all loss, costs, damage and expense, including court costs and attorneys' fees you may sustain by virtue hereof.

It is understood, but not by way of limitation, that this indemnity shall cover the deposit of or negotiation of any and all checks or other instruments for the payment of funds by said minor.

In the event Community Financial Credit Union, in its sole discretion, permits my son/daughter to create an overdraft in this account, I guarantee the repayment thereof, and it is further understood that I authorized Community Financial Credit Union to charge my said account in Section 2 in the event any liability should accrue against me by virtue of the undertakings contained in this authorization, or otherwise, for the purpose of satisfying such liability.

### SECTION FIVE — AUTHORIZATION FOR CHECK CARD OR ATM CARD

I authorize and consent to Community Financial Credit Union providing a Community Financial Check Card or ATM Card for the minor named above.

Please check one:  Visa Check Card  
 ATM Card

As natural parent or legal guardian of the minor named above, I authorize Community Financial Credit Union to issue a Community Financial Check Card or ATM Card to said minor. I agree to hold Community Financial Credit Union harmless and indemnified from and against any and all loss, costs, damage and expense, including court costs and attorneys' fees, the Credit Union may sustain by issuing this card. In the event that Community Financial Credit Union should, in its sole discretion, permit overdraft on the minor's account, I guarantee the repayment thereof, and authorize Community Financial Credit Union to charge my account number or bill me at my address as indicated above to satisfy such liability.

### SECTION SIX — PARENTAL/GUARDIAN SIGNATURE

*\*By completing and submitting this form, you agree to the Community Financial Electronic Funds Transfers Terms and Conditions outlined in the Member Account Agreement and the "IMPORTANT ACCOUNT INFORMATION FOR OUR MEMBERS" disclosure.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please mail or return to a credit union representative. Thank you.

P.O Box 1217, Springfield, MO 65802-1217  
Phone: 417.862.0471 • Toll-Free: 1.888.430.7199 • Fax: 417.862.7802 • www.CommunityFinancial.org