



Minor Checking/Savings Account and/or ATM/Visa Debit Card

I _____ am requesting that Alive Credit Union allow the
(Parent/Grandparent/Guardian)
following individual who is a minor, to establish a checking account and/or a Visa debit card.

I agree to reimburse Alive Credit Union for any loss it may incur as a result of the minor's account being overdrawn. Both parties acknowledge that it is the policy of the Credit Union to withdraw services from any member that causes the Credit Union any loss; this policy will apply to the minors account. I have read and agree to the above rules and regulations.

Please place your initials on the line next to the appropriate service(s) you are requesting:

- _____ Checking
- _____ VISA Debit Card
- _____ ATM Card

_____ Parent/Guardian Signature	_____ Account Number	_____ Date
_____ Minor Signature	_____ Account Number	_____ Date
_____ Employee Name	_____ Branch	_____ Date