



Request for a Debit Card or Checking Account on a Minor Account

(for first time card or account orders only)

I, the parent/guardian, am requesting to:

Order a Debit Card for a minor

Order a Debit Card for a parent/guardian/adult on account

Open a checking account for a minor

I, _____, being the parent or legal guardian of the Minor,

_____, account number _____,

agree to take full responsibility for any transactions on this account until the minor reaches the age of 18 years old.

Parent/Guardian Signature

Date

This form only needs to be notarized if member does not sign in the presence of a HealthShare Credit Union employee.

State of North Carolina, County of _____

Sworn to (or affirmed) before me this _____ (dd/mm/yyyy) by _____

(Parent or Legal Guardian) who is personally known to me or has produced the following as valid identification _____.

(Seal or Stamp)

Notary Signature