

Youth Account Application

Junior Savers Account

Teen Rewards Account

One application per child

Child's Name: _____

Address: _____

City/State/Zip code: _____

Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

School Grade: _____ (if applicable)

Please choose one below:

\$5.00 check included

Transfer \$5.00 from account # _____

(choose) Savings: _____ Checking: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Account #: _____

Membership card on file (parent/guardian must be Joint Owner)

Parent/Guardian Signature: _____ Date: _____