

PARENTAL GUARANTEE OF A MINOR CHECKING ACCOUNT/ DEBIT CARD



Credit Union of
Southern California

Please complete sections fully in black or blue ink.

SECTION 1 MINOR INFORMATION

MINOR NAME LAST NAME FIRST NAME MIDDLE INITIALS	CREDIT UNION ACCOUNT#
ADDRESS	CITY STATE ZIP
DAYTIME PHONE#	EMAIL

SECTION 2 PARENT / GUARDIAN INFORMATION

PARENT NAME LAST NAME FIRST NAME MIDDLE INITIALS	CREDIT UNION ACCOUNT#
ADDRESS	CITY STATE ZIP
DAYTIME PHONE#	EMAIL

SECTION 3 AUTHORIZATION for CHECKING ACCOUNT

The undersigned hereby requests Credit Union of Southern California (CU SoCal) to permit said minor's name in Section 1, a minor son/daughter of the undersigned, to establish and maintain a checking account with CU SoCal in said minor's name. The undersigned hereby agrees to hold CU SoCal 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 CU SoCal, in its sole discretion, permits my son/daughter to create an overdraft in this account, I guarantee the repayment thereof. It is further understood that I authorize CU SoCal 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 4 AUTHORIZATION for DEBIT CARD

I authorize CU SoCal to provide a Debit Card for the minor named in Section 1 above.

Please provide a DEBIT CARD. Default limit is \$200, unless an alternative limit is specified \$_____.

This includes VISA® branded Debit Card transactions, ATM cash withdrawals, and POS transactions in each 24-hour period as long as your balance will cover the transactions. For full disclosures regarding your VISA debit card, refer to your "About Your Credit Union Accounts" brochure.

As a natural parent or legal guardian of the minor named in Section 1, I authorize CU SoCal to issue a CU SoCal Debit Card or ATM Card to said minor. I agree to hold CU SoCal harmless and indemnified from and against any and all loss, costs, damage and expenses including court costs and attorney's fees that the Credit Union may sustain by issuing this card. In the event that CU SoCal should in its sole discretion permit overdraft on the minor's account, I guarantee the repayment thereof and authorize CU SoCal to charge my account number or bill me at my address as indicated above to satisfy such liability.

SECTION 5 PARENTAL/ GUARDIAN SIGNATURE

By completing and submitting this form, I acknowledge receipt of and agree that the terms of the CU SoCal Checking Account and Electronic Funds Transfers Terms and Conditions outlined in the Account Agreement titled "About Your Credit Union Accounts" shall govern the minor's account, and this Guarantee. I further agree that I am jointly and severally responsible and liable for 1) all transactions made by this minor on the above referenced account conducted by whatever means, including by use of a Debit Card, 2) the minor's compliance with any Credit Union or third party terms or conditions applicable to their use of the account and any related account services, and 3) any claims by third parties arising out of any matter related to the transactions conducted on the account by the minor. I understand that my liability or responsibility will apply whether or not I received a direct benefit from any transaction and whether or not the minor affirms or disaffirms or repudiates his or her liability or indebtedness either now or in the future or whether the minor reaches the age of 18.

X
SIGNATURE OF PARENT/GUARDIAN

DATE

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



Federally
insured
by NCUA