



School Savings Program

I _____ (first name) _____ (last name), parent or legal guardian of _____ (student's name) authorize Siskiyou Credit Union to open a "School Savings" savings account for my student. I understand that this account is an in-person only account, accessible at my student's school on bank day for deposits or in person at Siskiyou Credit Union for deposits or withdrawals only. I also understand that the new account fee of \$5.00 has been waived. There is no minimum to open the account and the normal share purchase has been reduced from \$25.00 to \$5.00 for this program only. This means once my child's savings account reaches \$5.00 the credit union will hold the funds for the member's "shares" but will be made accessible if needed. I also understand that the Credit Union will need my child's:

Date of Birth _____

Social Security # _____ - _____ - _____

Physical Address _____

Home Phone# _____

Parent Email _____

Student's Signature _____

School _____ Grade _____

Beneficiary (Parent/Guardian): _____

Address (if different than above): _____

Parent# (if different than above): _____