



## Parental Acknowledgement\*

\*Must be signed in the presence of an Alta Vista Credit Union staff member

As parent/legal guardian of \_\_\_\_\_, I acknowledge that he/she will be participating in Alta Vista's Youth Account program and applying for the following services:

- |   |  |
|---|--|
| <input type="checkbox"/> Vista Savings Account      | <input type="checkbox"/> Youth ATM Card        |
| <input type="checkbox"/> Youth Pro Checking Account | <input type="checkbox"/> Youth VISA® Checkcard |

Approval of above services is contingent on \_\_\_\_\_'s adherence to Alta Vista's Youth Account program requirements which are as follows:

- Alta Vista Credit Union member.
- Between the ages of 14-17.
- All above services except Savings Account and ATM only card require completing the respective financial education study guide and passing the related quiz with a score of 80% or better to apply for the specific service or product.

By signing this Acknowledgement, I understand that I am responsible for my child's discretionary use of any of the services above. Youth Account members are held accountable to the same rules, regulations, policies, procedures and fees pertaining to each service as are all Alta Vista Credit Union members.

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I acknowledge that as a member of Alta Vista's Youth Account program, I am held accountable to the same rules, regulations, policies, procedures and fees pertaining to each service as are all Alta Vista Credit Union members.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

03/06/2020