



## 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