



HFS Deposit Day  
Participation Form  
New and Returning Students

To enroll your child in our Deposit Day Program, complete this form and return it to your child's teacher, bring it in to any HFS branch, or email it to [hfs\\_marketing@hfsfcu.org](mailto:hfs_marketing@hfsfcu.org).

Select your child's school:  Kea'au Elementary School  Keaukaha Elementary School  
 Waiakea Elementary School  St. Joseph Elementary School

- For Existing Account Holders and Previous Participants – Complete sections A & C
- New Accounts - Complete sections B & C

**A. Existing Account Holders & Prior Participants**

If your child already has an account with HFS Federal Credit Union, or has previously participated in the program, please complete this section to allow our staff to accept deposits for your child's account at the School's Deposit Days.

- I authorize my child to make deposits to their current HFS FCU account at Deposit Days.
- I authorize HFS Federal Credit Union to send me email reminders of upcoming Deposit Days and any information directly related to the HFS Kids Club Program.

Child's name (as listed on their account): \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

**B. New Accounts**

Welcome! We can't wait to have your child join our HFS 'ohana. Please note that the adult(s)/joint owner(s) will need to visit any one of our HFS branches to complete the account opening process after submitting this form.

**Child's Information:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence/Street Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Maiden Last Name \_\_\_\_\_

<p><b>What do I bring to open an account?</b></p> <ul style="list-style-type: none"><li>• Adult(s)/Joint Owner(s) current government issued photo ID and verification of physical address</li><li>• Student's social security number/card</li><li>• \$5.00 minimum share balance</li></ul>
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**Please complete the information below for the parent(s) that will be a joint owner(s) on the child's savings account. Those listed will need to be present at the time of account opening.**

**Parent 1:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Residence/Street Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone No \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Email Address \_\_\_\_\_

I authorize HFS Federal Credit Union to send me email reminders of upcoming Deposit Days and any information directly related to the HFS Kids Club Program.

Signature: \_\_\_\_\_

**Parent 2:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Residence/Street Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone No \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Email Address \_\_\_\_\_

I authorize HFS Federal Credit Union to send me email reminders of upcoming Deposit Days and any information directly related to the HFS Kids Club Program.

Signature: \_\_\_\_\_

**C. Photo Release** (To be completed for all Existing and New accountholders to receive a Deposit Day photo ID and be included in Deposit Day Photos)

I consent to HFS Federal Credit Union ("HFS") using photographs of the person named below ("The Subject"). I transfer to HFS all my right, title and interest, including all intellectual property rights, in the photographs. HFS may use the photographs in any promotion, advertising or other materials. HFS may use the photographs in any form of media, and may modify the photographs. HFS is not required to pay any compensation to me.

Name of Student (printed): \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature and Consent of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

