



**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 school's office, bring it in to any HFS branch, or email it to hfs_marketing@hfsfcu.org.

Select your child's school:

- ☐ E.B. DeSilva Elementary School ☐ Kaumana Elementary School ☐ Kea'au Elementary School
☐ Keaukaha Elementary School ☐ Waiakea Elementary School ☐ St. Joseph Elementary School

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

A. Existing Accountholders:

If your child already has an account with HFS Federal Credit Union, 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 _____

What do I bring to open an account?

- Adult(s)/Joint Owner(s) current government issued photo ID and verification of physical address
- Student's social security number/card
- \$5.00 minimum share balance

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: _____

