



## Student Savers Program Registration Form



Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

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

I, \_\_\_\_\_ hereby give my consent to have my son/daughter participate in the Student Savers Program. I understand that my child's participation in this program will benefit the Ukrainian School. I understand that in order to qualify for prizes and awards, and remain in the program, a minimum of one deposit per month is required. I understand that my child will not be permitted to withdraw any funds from his/her account without my presence. I allow SRFFCU to use any media of my child for their advertising and promotional needs. By signing below you, the parent/guardian, acknowledge the information above.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Credit Union Use Only

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

