

Affidavit to Open A Minor/Youth Account

STATE OF LOUISIANA

PARISH OF: _____

Before me, the undersigned Notary Public, personally came and appeared _____

(SSN: _____ - _____ - _____) and/or _____ (SSN: _____ - _____ - _____) in his/her capacity as:

- 1) Mother and Father; or,
- 2) Mother or Father; or,
- 3) Other legal custodians

of the minor child _____, (Date/Birth: ___ / ___ / ___) (SSN: _____ - _____ - _____) who after being duly sworn, did state that he and/or she consent to _____, (relationship to minor) _____

SSN: _____ - _____ - _____ opening a savings/checking account, or purchasing a certificate of deposit in the minor's name, and said Appearer(s) consent to the account being held in the minor's name and using the minor's Social Security Number, with (Parent's Name) _____ being joint on said account(s) or certificates.

Appearer(s) agree to hold LA Capitol Federal Credit Union free and harmless from any liabilities should any claims arise out of the existence of said account(s) or certificate(s) and (Parent's Name) _____ management thereof.

Appearer(s):

Witness Signature (Member Service Representative)

Member's Signature(s)

Subscribing Witness Signature (Branch Personnel)

AFFADAVIT BY WITNESS

STATE OF LOUISIANA

PARISH OF _____

Before me, personally came and appeared _____, who after being duly sworn, deposed and said that he/she is one of the witnesses to this and that the signature of the owner is genuine, affixed hereto of his/her own free will in the presence of the witnesses whose names are affixed thereto.

Subscribing Witness Signature (Branch Personnel)

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public