



Parental Guarantee of a Minor Account

P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135 • WWW.LACAPFCU.ORG

I, _____, the undersigned, request La Capitol Federal Credit Union to permit _____, a minor and my son/daughter, to establish and maintain an account with La Capitol Federal Credit Union, and in consideration of doing so, the undersigned hereby agrees to hold your institution harmless and indemnified from and against any and all loss, costs, damage, and expense, including court costs and attorney's fees you may sustain by virtue hereof. I also request La Capitol Federal Credit Union to consider actions by _____ to be one and the same as actions taken by myself as it relates to this account and further agree to accept all responsibility for all actions taken or made, with or without my previous consent and/or knowledge by _____ as it relates to any and all account activity including ATM and debit card usage on account number _____.

It is understood, but not by way of limitation, that this indemnity shall cover the deposit of or negotiation of any and all checks or other instruments for the payment of money by my son/daughter, _____.

In the event that you should, in your sole discretion, permit my son/daughter to create an overdraft in this account, I guarantee the repayment thereof, and it is further understood that you are authorized to charge my account in the event any liability should accrue against me by virtue of the undertakings contained in this letter, or otherwise, for the purpose of satisfying such liability.

X

Parent or Legal Guardian (*Signature*)

Date

X

Witness (*Signature*)

X

Witness (*Signature*)