



PARENTAL AUTHORIZATION FORM FOR MINORS

Date: _____

I, _____, certify that I am the parent or legal
(Name of parent/legal guardian)

guardian of _____ and hereby give my consent and
(Name of minor)

authorization for _____,
(Name of person opening account for minor) *(Relationship to minor)*

to open an account at Maui Federal Credit Union for the above referenced minor.

In order for this request to be valid, it must be signed. **Please note that this form must be notarized if it is not signed in the presence of a Maui Federal Credit Union representative.**

Print Name: _____

Signature: _____

Please mail this form to: Maui FCU 107 E. Wakea Ave. Kahului, HI 96732.

Subscribed and sworn to before me this
_____ day of _____, 20_____

seal

Notary Public, _____

Commission Expires: _____

Hawaii Notary Certification

Date: _____ Doc. Description: Parental Authorization Form for Minors # Pages: ___1___

Name of Notary: _____ Circuit

_____ Date: _____

Notary Signature

seal