



## Parental Guarantee Agreement of Minor Checking Account and ATM/ MasterCard® Debit Card

Check the box[es] that applies:  ATM/Debit Card  Checking Account

A. Minor Information				
First Name	MI	Last Name	Suffix	Account No.

B. Parent/Guardian Information				
First Name	MI	Last Name	Suffix	Account No.

### C. Authorization For Checking Account

As parent/guardian of the minor named above, I authorize Pioneer Valley Federal Credit Union (PVCU) to permit said minor to establish and maintain a checking account with PVCU in said minor's name. In consideration, the undersigned hereby agrees to hold PVCU harmless and indemnified from and against any and all losses, costs, damage and expense, including, and not limited to, return check fees, penalties, court costs and attorneys' fees you may sustain by virtue hereof. It is understood, but not by way of limitation, that this hold harmless and indemnity shall cover the deposit of or negotiation of any and all checks or other instruments for the payment of funds by said minor. For purposes of this agreement, all debts incurred by minor on this account will be the Parent/Guardian debts.

In the event PVCU, in its sole discretion, permits the minor to create an overdraft in this account, I guarantee the repayment thereof, and it is further understood that I authorized PVCU to charge my said account in Section B and any of my credit union accounts and/or bill me at the address on file in the event any liability should accrue against me by virtue of the undertakings contained in this authorization, or otherwise, for the purpose of satisfying such liability.

### D. Authorization For ATM or MasterCard® Debit Card

I authorize and consent to PVCU providing an ATM/Debit Card for the minor name above, with limits set as follows:

ATM Daily Cash Limit (not to exceed \$500.00)      \$ \_\_\_\_\_  
Point of Sale Daily Limit (not to exceed \$1000.00)      \$ \_\_\_\_\_

In consideration, I agree to hold PVCU harmless and indemnified from and against any and all, and not limited to, ATM and cash advance fees, penalties, loss, costs, damage and expense, including court costs and attorneys' fees, PVCU may sustain by issuing this card.

I guarantee the repayment thereof, and authorize PVCU to charge my account stated in Section B and any of my credit union accounts and/or bill me at my address on file to satisfy such liability.

### E. Authorization For Remote Deposit Capture

As parent/guardian of the minor named above, I authorize Pioneer Valley Federal Credit Union to permit said minor to utilize online banking, mobile banking services and remote deposit capture.

### F. Parental/Guardian Signature

By completing and submitting this form, you agree to the PVCU's Electronic Services Agreement Terms and Conditions outlined in the Account Agreement and Disclosures. This agreement expires when the minor reaches age 18, closes the account or Parent/Guardian terminate this agreement in writing, whichever occurs first.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date