ARGENT℠
CREDIT UNION

PARENTAL ACKNOWLEDGEMENT FORM

We,_____ and _____
are the parents or legal guardians of _____ , minor. By signing this form, we acknowledge the issuance to our child of the following indicated by our initials:

____ ____ Argent Federal Credit Union Checking Account
____ ____ Argent Federal Credit Union Check Card or ATM Card
____ ____ TransAct and/or Argent@Home

We understand that education was made available to our child regarding the responsible use of these products. Further, we understand that all rights of the account belong to our child, and all obligations are the sole responsibility of our child. We understand that Argent Federal Credit Union has no responsibility to provide any information to us about the account, that information regarding the use and performance will be reported to data collection bureaus, and that the credit union may, at its discretion, close or limit access to the account with or without cause.

Printed Name: _____
Signature: _____ Date: _____
Notary Signature: _____
My notary commission expires:_____

Printed Name: _____
Signature: _____ Date: _____
Notary Signature:_____
My notary commission expires:_____

If only one parent/guardian signs this form, the following must also be signed:
I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the issuance of the account(s) or card(s) to my child.

_____ _____ _____
Printed Name Signature Date

01/13