



Student Savers Program Registration Form



Student Name: _____

Grade Level: _____

Account Number: _____

School Name: _____

I, _____ hereby give my consent for my son/daughter to participate in the Student Savers Program. I understand that my child's participation in this program benefits the Ukrainian School and encourages responsible saving habits. I acknowledge that, in order to remain eligible for participation and qualify for any prizes, awards, or incentives associated with the program, my child must comply with all applicable program terms and conditions.

I understand that my child's access to and use of the account, including the ability to withdraw funds, may be limited or conditioned upon my authorization or other requirements established by SRFFCU.

I grant permission to Self Reliance Financial Federal Credit Union to use photographs, video recordings, or other media featuring my child for advertising, promotional, educational, or marketing purposes, without compensation.

By signing below, I, as the parent/legal guardian, acknowledge that I have read, understand, and agree to the information above and the full Student Savers Program Terms and Conditions.

X _____
Parent/Guardian Signature Date

For Credit Union Use Only

Entered by: _____ Date: _____

