



SAVE FIRST PERMISSION FORM

Saving money is an important skill that you will need for the rest of your life!
The Save First Program can start you along the road to a healthy financial future!



- Program Goals:**
1. Make at least six deposits over the eight months of Save First Deposit Days.
 2. Save a total of at least \$30.
 3. Receive \$20 incentive.

School: _____

Deposit Days: _____

Student: I agree to take part in the Hawaii First FCU Save First Program during the ____ - ____ school year. I understand that in order to receive the \$20 incentive, I must make six deposits and save at least \$30. I will be given a receipt each time I make a deposit, and I need to save these in a safe place. My balance information is a secret, and I will not discuss my balance with other students. I will respect other students' right to privacy by not asking about their balances. I can make deposits _____ a month, on the dates provided and at the stated time. At the end of the school year, I can choose to roll my money over into an account at Hawaii First Federal Credit Union or to withdraw my money. I will have until _____ to open a savings account or withdraw my money. Otherwise, I agree to donate my balance to the school.

Student Name: _____ Grade: _____ Teacher: _____

Student Signature: _____ Date: _____

Parent: I am the parent or legal guardian of this student and I agree to allow my child to participate in the ____ - ____ Save First Program. I understand that we will have the opportunity at the end of the school year to come into the credit union to: **1.)** Open a Savings Account for my child using the money saved throughout the school year, or **2.)** Withdraw the funds. If I choose not to open a savings account or withdraw the funds by _____, I agree to donate my child's balance to the school.

Publicity Release: I give my permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Hawaii First FCU (HFFCU). I agree that HFFCU has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the HFFCU mission. These uses include, but are not limited to, bulletins, exhibitions, videotapes, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including the internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release HFFCU and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release and by signing below, I give my consent to HFFCU to use my child's name and likeness to promote the program and/or their activities. Yes No

Parent Name: _____

Email: _____ Phone #: _____

Mailing Address: _____

Parent Signature: _____ Date: _____

Do you have questions? Please give us a call! We have two branch locations to serve you.

Kamuela Branch P: 808.885.7349 • Parker Ranch Shopping Center • 67-1187 Mamalahoa Highway • Kamuela, HI 96743

Hilo Branch P: 808.933.7349 • Hilo Shopping Center • 1221 Kilauea Ave., Suite 160 • Hilo, HI 96720

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.