



Deposit Day Program Member Enrollment Form

Please complete the following fields to enroll in the Deposit Day Program. This enrollment form is to be used for members of Hawaii Community Federal Credit Union who want to use their account for the project. An existing account can be used or a new account can be established. If you wish to open a new account, for the purpose of this project, please do so.

Account Number: _____ **Date of Birth** _____ **Age:** _____
**Please specify share if necessary*

Student Name: _____

School: _____

Grade: _____ **Teacher:** _____

Parent Name(s): _____

Parent Email: _____
**email is used to provide email reminders about upcoming Deposit Days.*

Questions?

If you have any questions regarding the Children's Savings Project please contact:

Stacy Jones, Youth Services Coordinator
Hawaii Community Federal Credit Union
Ph.: 808-930-7648
Email: depositdays@hicommmfcu.com

For Internal Use Only:

Received By: _____ Ex: _____ Date: _____

Please pouch this 'Enrollment Form' to Marketing.