

AmeriChoice Federal Credit Union
Panthers CU Student Branch
East Pennsboro High School
Permission Form

Student Information:

Student Name _____

Street Address _____

City/State/Zip _____

Social Security Number: _____

Parent/Guardian Authorization:

I hereby request and authorize the above student to open the following accounts with AmeriChoice Federal Credit Union: (Circle all that applies)

Savings* Checking ATM/Debit Card Other

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian (Please Print): _____

*If your student is interested in opening an account other than a basic savings, a parent/guardian is required to be a joint owner on the account. All joint owners will be required to supply identifying documents and information, such as a driver's license, at account opening. Stop by our Enola Branch or call to speak with Bonnie Thompson, Member Service Representative for more information:

Enola Branch
715 Wertzville Road
Enola, PA 17025
(717) 909-0460

Hours:

Mon.-Wed.: 8:00 a.m. - 4:30 p.m.
Thurs.-Fri.: 8:00 a.m. - 6:00 p.m.
Sat.: 8:30 a.m. - 2:00 p.m.

Official Use Only:

MSR: _____

Date Received: _____