



Indemnity Agreement For Services to a Minor

Minor's Member Number _____

Date _____

Minor's Personal Information

Full Name		Social Security Number /Taxpayer ID		Date of Birth	
Physical Address		City, State and Zip Code		Daytime Telephone	
ID Document Type	Issuing Agency	Document No.	Place of Issue	Date of Issue	Expiration Date

Responsible Adult's Personal Information

Full Name		Social Security Number /Taxpayer ID		Date of Birth	
Physical Address		City, State and Zip Code		Daytime Telephone	
ID Document Type	Issuing Agency	Document No.	Place of Issue	Date of Issue	Expiration Date

In consideration for Patelco Credit Union ("Credit Union") making account and credit services ("Credit Union Services") available to the Minor identified above ("Minor"), I, the Responsible Adult ("Adult") identified above, by signing below, agree to be responsible for and to indemnify and save Credit Union harmless from, any claims, damages, losses, liability, expenses and charges resulting from the Minor's receipt and use of Credit Union Services. Among other things, I understand that I am undertaking legal responsibility for all items deposited to the Minor's Credit Union accounts, for all transactions initiated by the Minor using Credit Union Services, and for all debts, interest, fees, negative balances, and other charges incurred as a result of the Minor's use of Credit Union Services. I agree to pay any amounts requested by Patelco under this Indemnity Agreement within 30 days of Patelco's request.

I understand that Credit Union Services extended to the Minor may include share (savings) accounts, share draft (checking) accounts, term certificate accounts, ATM and/or Debit Cards with a daily transaction limit. I acknowledge receipt of the Credit Union Member Handbook and the Credit Union Credit Card Agreement and Truth in Lending Disclosure. I confirm my understanding that Credit Union Services extended to the Minor will be subject to the terms stated in these documents as lawfully amended by the Credit Union from time to time by notice to the Minor and to me.

I agree to pay all legal costs incurred by the Credit Union to enforce this Indemnity Agreement plus interest thereon at the rate of 10% until paid in full. I authorize the Credit Union to review my credit and account histories with consumer reporting agencies from time to time. If, as a result, the Credit Union determines that my financial condition or creditworthiness has materially deteriorated, the Credit Union may terminate some or all of the Credit Union Services provided to the Minor.

I understand that the Minor's reaching the age of majority will not automatically release me from the obligations I am undertaking by signing this Indemnity Agreement. Rather, when the Minor reaches the age of majority in the Minor's state of residence, I must contact the Credit Union and submit a written request for release from my obligations under this Indemnity Agreement. I can also contact the Credit Union to request release from my obligations under this Indemnity Agreement at any time before the Minor reaches the age of majority. My release from my obligations under this Indemnity Agreement prior to the Minor's reaching the age of majority will result in termination of the Minor's Credit Union Services.

Responsible Adult Initials _____

Until such time the Credit Union confirms my release from my obligations in writing, I remain obligated for the Minor's Credit Union Services. The Credit Union will release me from my obligations 30 days after the date it receives my written request if, at that time, there are no amounts owed to the Credit Union as a result of the Minor's use of Credit Union Services. I agree that the Credit Union can require that such amounts be paid prior to releasing me from my obligations hereunder.

This Indemnity Agreement is made in California and California law will govern its interpretation. It shall bind my heirs, successors and assigns and inure to the benefit of Patelco's successors and assigns. I acknowledge that I have read, understood and received a copy of this Indemnity Agreement to keep for my records.

Responsible Adult Signature _____

Date _____

Account #

Suffix

Date