

**SAVING FOR YOUR FUTURE IS EASY WITH...**

**SCHOOL BANKING!**

**EVERY THURSDAY FROM 7:30 A.M. TO 8:00 A.M.**

**WMS CAFETERIA**

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**L-U-S-O STATEMENT SHARE ACCOUNT AGREEMENT**

**WILBRAHAM MIDDLE SCHOOL**

Please complete this agreement and have your student bring it to the school banking table on any school banking day. You may also open the account at either of our branch locations!

**STUDENT INFORMATION**

Member (1) Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade Level: o 6<sup>th</sup> o 7<sup>th</sup> o 8<sup>th</sup>

**Parent or Guardian Signature:** \_\_\_\_\_

**JOINT ACCOUNT HOLDER**

Signer (2) Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

License Issue State: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Business Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature of Joint Applicant:** \_\_\_\_\_

This is a variable rate account and rates are subject to change. **Member share deposit of \$5 compliments of LUSO!**

Please visit our website, [www.lusofederal.com](http://www.lusofederal.com), to review current rates.



If you have any questions regarding the school banking program, please contact Anna Vital at [avital@lusofederal.com](mailto:avital@lusofederal.com) or 589-9966 ext. 131.