

SAVING FOR YOUR FUTURE IS EASY WITH...

SCHOOL BANKING!

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

WMS CAFETERIA

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: _____

Mother's Maiden Name: _____

Social Security Number: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____, State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Grade Level: o 6th o 7th o 8th

Parent or Guardian Signature: _____

JOINT ACCOUNT HOLDER

Signer (2) Name: _____

Mother's Maiden 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, to review current rates.



If you have any questions regarding the school banking program, please contact Celia Fernandes at cfernandes@lusofederal.com or 589-9966 ext. 105.