

**Morris Moola In-School Savings Club**  
**2021-2022 School Year**  
**Permission Slip**



\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Homeroom Teacher

**T-Shirt Size (check one)**

<b>Youth:</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>
<b>Adult:</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>

My child, \_\_\_\_\_, has permission to participate in the Morris Moola Savings Program with Morris Bank. I have read and understand the attached letter and program guidelines.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

( ) \_\_\_\_\_  
Phone #

**CURRENT ACCOUNT HOLDERS:** If your child already has a savings account at Morris Bank, no application or additional paperwork is necessary. Simply indicate the account number: # \_\_\_\_\_

**MOOLA DAY REMINDERS:** We send out reminders before we visit each school to collect deposits. If you wish to receive reminders, please make sure we have your email address or cell phone number above.

- Yes, I would like a reminder
  - Text Reminder (standard messaging rates apply)
  - Email Reminder
- No reminder necessary

**PHOTO WAIVER:** On occasion we take photographs during Morris Moola deposit days and activities. We may send photos to the newspaper or use for promotional purposes. By enrolling in this program, you approve of such use.



INDIVIDUAL APPLICATION AND CIP INFORMATION

\*CHILD NAME \_\_\_\_\_ CUSTOMER # \_\_\_\_\_

\*CURRENT ADDRESS \_\_\_\_\_

\*BIRTHDATE \_\_\_\_\_ \*SOCIAL SECURITY # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF RELATIVE OR FRIEND WHO WILL ALWAYS KNOW YOUR LOCATION:

\_\_\_\_\_

(Co-Applicant Information---Include address if not same as above)

\*PARENT NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

\*SOCIAL SECURITY # \_\_\_\_\_ E-MAIL \_\_\_\_\_

\*BIRTHDATE \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

\*DRIVER'S LICENSE # \_\_\_\_\_ STATE OF ISSUANCE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU

When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I CERTIFY THAT EVERYTHING I HAVE STATED IN THIS APPLICATION AND ON ANY ATTACHMENT IS CORRECT. YOU MAY KEEP THIS APPLICATION WHETHER OR NOT IT IS APPROVED. BY SIGNING BELOW I AUTHORIZE YOU TO CHECK MY CREDIT ACCOUNTS AND EMPLOYMENT HISTORY AND/OR HAVE A CREDIT REPORTING AGENCY PREPARE A CREDIT REPORT ON ME.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

(FOR BANK USE ONLY)

CHEX-SYSTEMS DATE \_\_\_\_\_

CBI REPORT DATE \_\_\_\_\_

ACCT OPENED BY \_\_\_\_\_

APPROVED/DECLINED BY \_\_\_\_\_

