

CES Maroons Branch Participation Form
School Year 2022-2023

Please return this form to the school office.

My child, _____, has permission to participate in the CES Maroons Branch Bank at Clinton Elementary School.

Parent/Guardian's Name (please print)

Parent/Guardian's Address, City, Zip Code (please print)

Parent/Guardian's Email Address

Parent/Guardian's Telephone Number

Date

Grade

Teacher's Name

The parent or guardian named on this account will be the person responsible to inquire about the student funds and to make withdrawals.

**Withdrawal inquiry for the CES Maroons Branch Bank may only be made by contacting the school bank coordinator at 217-935-6772. The withdrawal of funds will be issued through a check made payable to the student and mailed to the address provided on this form. This form must be filled out completely and be on file with CES Maroons Branch Bank in order to participate in the savings program.*

Parent/Guardian's Signature

Date

Student's Signature

Date

Additional terms: I understand the deposits my child makes during the school year will be held in a non-interest bearing account designated for the school bank. I consent to allow Clinton Schools, First National Bank and Clinton Community Education Foundation to share information for the success of the banking program. When my child concludes his/her 5th grade school year at Clinton Elementary the balance in his/her school account will be returned via check to my student. Unclaimed funds will remain at the CES Maroons Branch Bank.