



Mail to:
 1215 York Road
 Lutherville, MD 21093
 410-321-6060 / 1-800-903-3328
 www.firstfinancial.org

Additional User Identification Form

- Custodian
 Trustee
 Guardian
 Responsible Individual
 Representative Payee
 Authorized User
 Agent (Attorney-In-Fact for POA)

Member's Name _____ Account # _____

Additional User Information

Social Security #/TIN/EIN	First Name	M.I.	Last Name	
Home Address	City	State	Zip	
Mailing Address (if different from above)				
Home Phone	Cell Phone			
Email Address	Alternate Email Address			
Date of Birth	Mother's Maiden Name		Country of Citizenship	

Additional User Employer Information

Employer's Name				
Employer's Address	City	State	Zip	
Work Phone	Occupation			

I hereby make application as an additional user on the above-mentioned account with First Financial Federal Credit Union and agree to conform to the Federal Credit Union Act, NCUA Rules and Regulations, the Credit Union policies, rules, regulations and bylaws, and any amendments thereto. I understand the Credit Union may investigate and verify my credit, employment, income and any other information furnished herein and I authorize them to do so.

Under the penalties of perjury, I certify (1) that the social security number shown on the form is my correct taxpayer identification number and (2) that I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Approval is required prior to being added to any shares/loans of the Credit Union. Every effort is made to provide immediate approval, but in some cases it may take up to 30 days for approval. Should this application be denied, written notification will be sent informing you of the reason we were unable to allow you to be an additional user on a First Financial FCU account.

Signature of Additional User X	Date
(Seal)	

FOR OFFICE USE ONLY

Social Security # Verification (check all that apply)		<input type="checkbox"/> Previous Bank Account Verification		
<input type="checkbox"/> Card:		<input type="checkbox"/> OK:		
<input type="checkbox"/> Non-document:		<input type="checkbox"/> Negative (explain):		
ID Verification				
<input type="checkbox"/> ID Type:	#:	<input type="checkbox"/> Membership		
Issued Date:	Expiration Date:	<input type="checkbox"/> Approved		
Place of Issue:		<input type="checkbox"/> Denied (reason):		
<input type="checkbox"/> Non-document:	B:			
Employee Signature:		Branch Mgr. Signature:		Date