

Select Your Code

Personal Identification Number (PIN) / Access Code

Please indicate in boxes below, a 4-digit number to use as your:

- Visa® Debit Card/ATM Card PIN;
- Banking By Phone Access Code;
- Online Banking Access Code.

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Helpful Reminders:

- Your PIN should be numbers not easily connected to you (i.e. never use your address, phone number, social security number, etc.), but easy for you to remember.
- Never keep your PIN with your ATM/Visa Debit Card.

Signatures

Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.

Authorized Signatures *(must include ALL individuals previously listed on this application)*

Each of the persons who sign below is duly authorized to act with respect to the account and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign below until the credit union receives written instructions to the contrary. Only authorized signatories can be changed or removed.

I certify that I have received and read separate disclosure, and agree to the terms of Business Accounts, Business Share Savings, Joint Account Agreement, Checking Account, Line of Credit Open End Loan Account, Fee Schedule, Funds Availability (Regulation CC), and Debit/ATM card, Banking by Phone, Online Banking (Regulation E) enclosed and made a part hereof and incorporated herein by reference. Signing below amounts to executing this agreement under seal and undersigned adopts as his/her seal the word "(Seal)" appearing beside his/her signature.

I acknowledge receiving important information for opening a new account in compliance with the USA Patriot Act. I understand that the identity information I have provided will be verified.

Signature X (Seal)	Date
Signature X (Seal)	Date
Signature X (Seal)	Date
Authorized Signer X (Seal)	Date



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

Business Account Services Application

Please Check one:

New Business Service(s) Application

OR **Other** _____

Business Information			
Social Security #/TIN/EIN	Account #		
Business Name	Nature of Business		
Business Street Address	City	State	Zip
Business Phone	Date Business Established		
Email Address			
Primary Contact for the Account <i>(Managing Member)</i>			
Type of Business <small>(check one)</small>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership/Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other, specify _____			

FOR OFFICE USE ONLY		
ID Verified by:		
<input type="checkbox"/> Business Account Approved	<input type="checkbox"/> Verified business in good standing (initials):	
Br. Mgr. Signature:	Set up by(initials):	Date

Owner Information

I certify that all necessary steps have been executed to formally establish the business referenced. I agree to provide First Financial FCU with a copy of the: Partnership Agreement, Operating Agreement, or Charter, as applicable, prior to opening the account.

Each owner must complete a separate Identification Form.

Sponsor (Business Owner with existing FF account)	
1. Owner Name	Account #
Account Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Owner(s)	
2. Owner Name	
Eligibility: <input type="checkbox"/> Employer <input type="checkbox"/> Existing Member: Account # _____	
<input type="checkbox"/> Family Member: Account # _____ relationship _____	
Account Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Owner Name	
Eligibility: <input type="checkbox"/> Employer <input type="checkbox"/> Existing Member: Account # _____	
<input type="checkbox"/> Family Member: Account # _____ relationship _____	
Account Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable, are also in First Financial Federal Credit Union's field of membership and are therefore eligible to open this Business Account.

Additional Authorized (*non-owner*) Signer on Account

A separate Identification Form must be completed.

(please print)

Authorized to have access to:

- All accounts/services as selected on this application
- Savings
- Checking
- Visa Debit/ATM Card

Select Your Business Services

Basic Share Account

Checking Account

Checks to be ordered directly from Deluxe Check Printers

Basic Business Checking (less than 150 monthly items)

Basic Plus Business Checking (from 150-300 monthly items; \$1,500 min. balance)

FOR OFFICE USE ONLY

Lookup #:

Overdraft Protection Option (check only one option)

A separate identification form must be completed.

- Checking Only
- Checking, Savings*

*I authorize the Credit Union to make overdraft transfers, at a fee of \$1.00 each, which count toward the limit of 6 automated withdrawals permitted from savings per month. Automated withdrawals include overdraft transfers to checking, Banking By Phone, Online Banking, ACH and other electronic withdrawals.

- Visa Debit Card** - Automatically issued for all accounts with checking unless otherwise specified
OR Issue an ATM card instead of a Visa Debit Card

FOR OFFICE USE ONLY

Number:	PVV:
Number:	PVV:
Number:	PVV:

Banking By Phone - FREE 24-hour banking by phone

I decline access to Banking By Phone. _____ Initials

Online Banking - FREE 24-hour online banking

I wish to make Banking By Phone and Online Banking transfers **FROM** my account

TO the following account(s):

- 1. Name _____ Acct. #: _____
- 2. Name _____ Acct. #: _____

I decline access to Online Banking. _____ Initials

eStatements - Replace your paper statement with a secure, electronic version for faster delivery.

You must be signed up for Online Banking in order to receive eStatements.

I decline access to eStatements. _____ Initials

Other Business Services Available

Money Market Accounts

Share Certificate Accounts

Visa Credit Card

Installment & Secured Auto Loans

Line of Credit