

Become a 5-Star Member

Sign up for: **Checking, Visa Credit Card, and Online Banking**

AND any 2 of the following:

eStatements, Direct Deposit, Auto or Home Loan*, or Share balances of \$20,000 or more

5-Star Members earn: Extra dividends, Extra discounts on select loans, Rebate on debit card credit transactions

*Home loans that qualify are fixed rate home equities or short term mortgages.

FOR OFFICE USE ONLY			
<i>Social Security # Verification (check all that apply)</i>			
<input type="checkbox"/> Card <input type="checkbox"/> Non-document:			B:
<i>ID Verification</i>			
<input type="checkbox"/> ID Type:		#:	
Issued Date:	Expiration Date:	Place of Issue:	
BD:	<input type="checkbox"/> BD Verified:		(App; DL; CB)
<input type="checkbox"/> Address Verified to ID <input type="checkbox"/> PRD card submitted <input type="checkbox"/> DD card/form submitted			
<i>Pre-VISA</i>			
<input type="checkbox"/> Approved <input type="checkbox"/> Referred to LD		Result:	
<i>Checks</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Type/Style:			
Card Number:		PVV:	Lookup #
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Approved by: _____			
Date:	Employee Signature:		
Group #:	User ID:		

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



Member Identification & Account Application

Please Check one:

- New Member Application** -OR-
 Changes to Existing Account # _____

Tell us about Yourself			
Social Security #/TIN/EIN		Account # Office Use Only	
First Name	MI	Last Name	
Home Address		City	State Zip
Mailing Address (if different from above)			
Home Phone		Cell Phone	
Email Address		Alt. Email Address	
Date of Birth	Mother's Maiden Name		Country of Citizenship
If new member, How do you meet membership eligibility? <input type="checkbox"/> Employer (current, temporary or retired from our SEGs) <input type="checkbox"/> Student (BCPS, CCPS, private school or college SEGs) <input type="checkbox"/> Volunteer (from our hospital or school groups) <input type="checkbox"/> Immediate* Family Member (of eligible or current member) <small>Immediate is defined as spouse, child/step-child, parent/step-parent, sibling/step-sibling, grandchild, grandparent, household member, or adoptive relationship</small>			How did you hear about us? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Employer <input type="checkbox"/> Ad <input type="checkbox"/> Billboard <input type="checkbox"/> A First Financial representative came to my work/school <input type="checkbox"/> Other _____
Tell us about your Employer			
Employer's Name			
Employer's Address		City	State Zip
Work phone	Ext.	Occupation	Annual Income \$

Savings Account - Every member begins with a savings account.
 Note: ATM cards are issued for accounts without checking.

Build Your Account

A. Products

Checking with a Visa Debit Card

Checks Requested: Yes No

Direct Deposit - To my FFFCU checking account

Visa Credit Card - A separate loan application will need to be completed.

Overdraft Options

- Line of Credit (*min. limit \$300*) - A separate loan application will need to be completed
- No Overdraft
- Overdraft from 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.

B. Self Enrollment Services:

Online Banking - FREE 24-hour banking online

I decline access to Online Banking _____ Initials

I wish to make Online Banking transfers **FROM** my FFFCU account **TO the following FFFCU account(s)**

Name: _____

Acct. #: _____

Name: _____

Acct. #: _____

eStatements - FREE electronic statements

I decline access to eStatements _____ Initials

I wish to receive electronic statements and required consumer disclosures. You must be signed up for Online Banking in order to receive eStatements.

I understand I will automatically be set up for eStatements once enrolled in Online Banking, if I don't enable the service myself.

C. Other Accounts:

Christmas Club - A separate account to save for the holidays.

Summer Pay Plan - To save for the summer

(10 mo. employees only).

I would like to have four (4) automatic transfers to my savings account
or (Distribution dates: 7/1, 7/15, 8/1, 8/15)

I will transfer the funds myself

D. Payroll Deduction Options:

To Christmas Club: \$ _____ per pay

To Summer Pay: \$ _____ per pay

To Savings: \$ _____ per pay

TOTAL: \$ _____ **PER PAY**

E. Select a POD (Payable on Death):

I would like to designate the following **non-joint(s)** as beneficiary(ies) of this account.

1st POD: _____ SS#: _____ Birthdate: _____

2nd POD: _____ SS#: _____ Birthdate: _____

Beneficiary of:

- All accounts (*as selected on this form*) Savings Checking Christmas Club Summer Pay Plan

F. Sign Below

NEW ACCOUNT DISCLOSURE

I hereby make application for membership in the 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 and subscribe for at least one share. 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. **NON-TRANSFERABLE.**

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.

I certify that I have received and read the Agreements and Disclosures (Disclosure of Account Terms), and I agree to be bound by the terms and conditions found therein with respect to any products and/or services. 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.

X _____ (Seal)

Signature of Primary Owner

Date

SECURITY: YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS AGREEMENT. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE. Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

_____ (Applicant Initials)

Check Style: Our standard style will automatically be ordered unless otherwise noted. Printing of select styles are free with direct deposit to checking. Standard delivery and handling is paid by the member.

G. Select a 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

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Helpful Reminders:

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