



Mail to:
72 Loveton Circle
Sparks Glencoe, MD 21152
410-321-6060 / 1-800-903-3328
www.firstfinancial.org

Kids Club Membership Application

Account No. _____

Joint Account. Unless contrary direction is given in the Account Agreement, upon the death of a party to the Account, the funds in the multiple-party account shall belong to the surviving party or parties.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You for 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.

Owner's Information *(Applicant)*

Social Security No./TIN/EIN	First Name	M.I.	Last Name
Home Address	City	State	Zip
Mailing Address <i>(if different than Home Address)</i>			
Phone Number	Email Address		
Date of Birth	Mother's Maiden Name	Country of Citizenship	

Joint Owner Information *(Joint Applicant 1)*

Social Security No./TIN/EIN	First Name	M.I.	Last Name
Home Address	City	State	Zip
Mailing Address <i>(if different than Home Address)</i>			
Home Phone	Cell Phone		
Email Address	Alternate Email Address		
Employer	Occupation		
Date of Birth	Mother's Maiden Name	Country of Citizenship	
Preferred Method of Contact ☐ Home Phone ☐ Cell Phone ☐ Email Address			

Joint Owner Information *(Joint Applicant 2)*

Social Security No./TIN/EIN	First Name	M.I.	Last Name
Home Address	City	State	Zip
Mailing Address <i>(if different than Home Address)</i>			
Home Phone	Cell Phone		
Email Address	Alternate Email Address		
Employer	Occupation		
Date of Birth	Mother's Maiden Name	Country of Citizenship	
Preferred Method of Contact ☐ Home Phone ☐ Cell Phone ☐ Email Address			

Signatures of Additional Party

You hereby apply for a Savings Account with First Financial of Maryland Federal Credit Union ("First Financial Federal Credit Union"), together with any of the other services identified in this document.

If You have requested that We provide documentation to You electronically according to the consent to receive electronic documentation disclosure that has been provided separately, and which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of First Financial Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for First Financial Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING. Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP
WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner	Date
Signature of Joint Owner	Date
Signature of Joint Owner	Date

(Office Use Only)

Minor Social Security # Verification ID Type: ☐ SS Card ☐ Birth Certificate ☐ DL/State ID ☐ Student ID ☐ Passport ☐ Military ID Verification: ☐ OFAC Verified ☐ Address Verified w/ID	ID Verification 1st Joint: ID Type: _____ # _____ Issue Date: _____ Expiration Date: _____ Place of Issue: _____ BD: _____ ☐ OFAC Verified ☐ Address Verified w/ID
Membership: ☐ Approved ☐ Denied, Reason: _____ Group #: _____	2nd Joint: ID Type: _____ # _____ Issue Date: _____ Expiration Date: _____ Place of Issue: _____ BD: _____ ☐ OFAC Verified ☐ Address Verified w/ID
Employee: Signature: _____ User ID: _____ Date: _____	