How to Open your First Financial Account by Mail

First Financial FEDERAL CREDIT UNION

- **Complete the application in its entirety, print and sign**
- **Mail the application to:**
  First Financial Federal Credit Union
  Administrative Center
  72 Loveton Circle
  Sparks Glencoe, MD 21152
- **Include an enlarged, color copy of your identification**
  Acceptable forms of I.D.: currently issued driver's license, state issued identification, passport, or Military identification*
- **Include at least the minimum opening deposit of $1**
  -Check made payable to First Financial Federal Credit Union

Within 7 to 10 business days of your account being opened, a Membership Packet with all necessary disclosures will be mailed to you. You can also find these disclosures on our website at https://www.firstfinancial.org/policies-fees/.

If you have any questions, please call Member Services at **410-321-6060** during business hours.

Thank you for opening your new First Financial account. Once you're a member, your immediate family members are eligible to have their own accounts as well. We look forward to serving you and your family's financial needs for many years to come.

*Additional documentation will be required for non-US Citizens.

First Financial
FEDERAL CREDIT UNION

Member Identification & Account Application

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

Please Check One:

❑ **New Member Application** **-OR-**

❑ **Changes to Existing Account #** _____

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.

Tell Us About Yourself

Social Security #/TIN/EIN	Date of Birth	Mother's Maiden Name	Country of Citizenship

First Name	MI	Last Name

Home Address

City	State	Zip

Mailing Address (if different from above)

Home Phone	Cell Phone	Email Address	Preferred Method of Contact: ❑ Home Phone ❑ Cell Phone ❑ Email

Employer's Name

Employer's Address

City	State	Zip

Work Phone	Extension	Occupation

Eligibility

If new member, how do you meet membership eligibility?

- ❑ Employer *(current, temporary, or retired from our SEGs)*
- ❑ Student *(BCPS, CCPS, private school or college SEGs)*
- ❑ Volunteer *(from our hospital or school groups)*
- ❑ Immediate* Family Member *(of eligible or current member)*

*Immediate is defined as spouse, child/step-child, parent/step-parent, sibling/step-sibling, grandchild, grandparent, household member, or adoptive relationship

How did you hear about us?

- ❑ Family/Friend
- ❑ Employer
- ❑ Ad
- ❑ Billboard
- ❑ A First Financial representative came to my work/school
- ❑ Other _____

For Office Use Only

Social Security # Verification (check all that apply)

❑ **Card** ❑ **Non-document:**

❑ ID Type: _____ #: _____

Issue Date: _____ Expiration Date: _____ Place of Issuance: _____

❑ Birthdate: _____ Address Verified to ID ❑ Yes ❑ No ❑ Identification Verified by: _____

❑ OFAC Verified ***Account:*** ❑ Approved ❑ Denied Approved or Denied by: _____ Account #: _____ Lookup #: _____

Date: _____ Employee Signature: _____ Group #: _____ User ID: _____

Build Your Account

Products

❑ **Primary Savings Account (Necessary for FFFCU Membership)**

❑ **Checking With Overdraft from Primary Savings Account**

Better Rewards Checking*

Qualify with eStatements and ACH direct deposit of $1,000 per quarter to checking.

*If above qualifications are not met, member will automatically receive Complete Checking.

Complete Checking*

*If above qualifications are met, member will automatically transition to Better Rewards Checking.

❑ **I decline access to Overdraft from Primary Savings Account**

❑ **VISA® Debit Card**

Payable-On-Death Account Beneficiary Designation

You hereby designate the following as beneficiary(ies) of this Account.

(all information is required to add beneficary(ies))

1st Beneficiary _____%*

Name _____ Relationship _____

Social Security # _____ Phone _____ Date of Birth _____

Address _____

_____

❑ Savings ❑ Checking ❑ Savings & Checking

2nd Beneficiary _____%*

Name _____ Relationship _____

Social Security # _____ Phone _____ Date of Birth _____

Address _____

City, State, Zip _____

❑ Savings ❑ Checking ❑ Savings & Checking

***Note:** % must equal 100%. If not specified, % will be divided equally.

Signatures

You hereby apply for membership with First Financial of Maryland Federal Credit Union ("First Financial Federal Credit Union"). 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. 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).

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

X_____ (Seal)

Signature of Primary Owner **Date**

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.