



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

Your Campus Debit Card for Faculty & Staff

Personal Information <i>(Please Print Clearly in Ink)</i>			
Social Security No.		Date of Birth	
First Name	M.I.	Last Name	
Home Address: Street			
City		State	Zip
Mailing Address <i>(if different than Home Address)</i>			
Home Phone		Cell Phone	
Email Address			
Preferred Method of Contact		School	Occupation
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		<input type="checkbox"/> Calvert Hall <input type="checkbox"/> Mount Saint Joseph	
Mother's Maiden Name		Country of Citizenship	

Build Your Account
<p>Please select requested services:</p> <p><input type="checkbox"/> Primary Savings Account Necessary for FFFCU Membership</p> <p><input type="checkbox"/> Checking Account Required for Campus Debit Card</p> <p><input type="checkbox"/> Visa® Debit Card</p> <p><input type="checkbox"/> Direct Deposit I would like to have my paycheck directly deposited into my FFFCU Checking Account.</p> <p><input type="checkbox"/> Payroll Deduction I would like to have the following portion of my paycheck deposited into my FFFCU <input type="checkbox"/> Savings Account or <input type="checkbox"/> Checking Account (select one) in the amount of \$ _____ per pay.</p> <p><input type="checkbox"/> Visa® Credit Card A FFFCU Loan Representative will contact you regarding this application.</p> <p>Please Note: Identification required for all applicants.</p>

Signature

You hereby apply for a Savings Account and a Checking Account with First Financial of Maryland Federal Credit Union ("First Financial Federal Credit Union"), together with the following forms of electronic access: (i) Banking By Phone; (ii) Online Banking; and (iii) Mobile Banking.

You further request 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. 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	("Seal")	Date

For Office Use Only

Social Security # Verification (check all that apply)
 Card Non-document:

ID Verification:
ID Type: _____ # _____ Issue Date: _____
Expiration Date: _____ Place of Issuance: _____ Birthdate: _____
 Address Verified to ID OFAC Verified Identification Verified By: _____

Account #: _____ Lookup #: _____
Primary Card #: _____ Joint Card #: _____

Account: Approved Denied

Denied or Approved By: _____ Date: _____

Employee Signature: _____

Group #: _____ User ID: _____