

How to Open your Campus Debit Card by Mail or in a Branch



- **Complete the application in its entirety, print and sign**
- **Bring the application to your local FFFCU branch or mail the application to:**
 - First Financial Federal Credit Union
Administrative Center
72 Loveton Circle
Sparks Glencoe, Maryland 21152
- **If visiting a branch, please bring your identification with you. If mailing, please include an enlarged, color copy of your identification:**
 - Student Acceptable Forms of I.D.:** *School/Student ID, Social Security Card, Birth Certificate, Unexpired State (or Military Dependent) ID, Unexpired Learner's Permit or Driver's License, or Unexpired Passport**
 - Parent Acceptable Forms of I.D.:** *Unexpired Driver's License, State Issued ID, or Military ID**
- **Include at least the minimum opening deposit of \$5**
 - 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/>.

Campus Debit Cards will be distributed to students in homeroom at the start of school.

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.



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

Your Campus Debit Card

for Students & Parents

Multiple-Party 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.

Student Application			
Please select requested services: <input type="checkbox"/> Primary Savings Account – Necessary for FFFCU Membership <input type="checkbox"/> Checking Account – Required for Campus Debit Card <input type="checkbox"/> Visa® Debit Card		Please Note: Identification required for all applicants. Acceptable forms of Student Identification includes one of the following: Current School/Student ID, Social Security Card, Birth Certificate, Valid State (or Military Dependent) ID, Valid Learner's Permit or Driver's License, or Valid Passport.	
Student 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 <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address		School <input type="checkbox"/> Calvert Hall <input type="checkbox"/> Mount Saint Joseph	Graduation Year
Mother's Maiden Name		Country of Citizenship	
Joint Parent/Guardian Information			
<input type="checkbox"/> YES, I acknowledge I am joint owner and responsible for the student account & services selected on this application.			
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 <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address		Country of Citizenship	
Mother's Maiden Name		Country of Citizenship	
Employer's Name		Occupation	
Employer's Address			
Optional Services			
<input type="checkbox"/> Parent Account <input type="checkbox"/> YES, I would also like to open my own First Financial account. Please provide me with a separate membership application.			

Signatures of Parent/Guardian and Minor Child (as Joint Owners)

You hereby apply for a Savings Account and a Checking Account to be owned jointly between the minor child and parent / adult guardian with right of survivorship, with First Financial of Maryland Federal Credit Union ("First Financial Federal Credit Union"), together with the following forms of electronic access: (i) VISA Debit Card; (ii) Banking By Phone; (iii) Online Banking; and (iv) 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. 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 Student/Minor Child	("Seal")	Date
Signature of Parent/Guardian (Joint Owner)	("Seal")	Date

For Office Use Only

Social Security # Verification (check all that apply)

Card Non-document:

ID Verification: Student

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

ID Verification: Parent

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: _____