

# First Financial Credit Union Membership Application

## PLEASE PROVIDE A COPY OF PHOTO IDENTIFICATION

Membership requires a Share Savings Account. I'm interested in opening the following accounts:

Individual

Savings

Debit Card

Joint

Checking

ATM Card

Christmas Club

### Member Information:

#### Primary Member Name

Mailing Address

City State Zip

Physical Address (if different from above)

City State Zip

Email

Home Telephone Number

Employer

Work Telephone Number

Cell Number

Social Security Number

Date of Birth

Mother's Maiden Name

#### Joint Member Name

Mailing Address

City State Zip

Physical Address (if different from above)

City State Zip

Email

Home Telephone Number

Employer

Work Telephone Number

Cell Number

Social Security Number

Date of Birth

Mother's Maiden Name

Signature (Primary Account Member)

Date

Signature (Joint Account Member)

Date

Under Penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The IRS does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure and Fee Schedule, Electronic Funds Transfer Agreement, if applicable, and to any amendment the Credit Union make from time to time which are incorporated herein. By signing you authorize the Credit Union to verify credit and employment history by any means necessary including preparation of a credit report by a credit reporting agency.

### Beneficiary Designations

Beneficiary Name

Beneficiary Name

Address

Address

City State Zip

City State Zip



**FIRST FINANCIAL**  
credit union

#### Notice:

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 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.