

# Parents Join Us

Parents, you can have your own First Financial account as well!

**YES**, I would like to open my own First Financial account. Please send me a separate membership application.

## CONTACT US

**Main Phone Number**  
410-321-6060  
1-800-903-3328

**Member Services Call Center**  
410-321-6060, Option 5  
Monday – Friday  
8 am to 5 pm,  
Thursday 8 am to 7 pm

**24-Hour Loan Call Center**  
410-321-6060, Option 4

**Administrative Center**  
1215 York Road  
Lutherville, MD 21093

**Website & Online Banking**  
www.firstfinancial.org

## SERVICE CENTER

**Federal Building Branch**  
Fallon Federal Building  
31 Hopkins Plaza, Suite G400  
Baltimore, Maryland 21201

*Lobby Hours:*  
Mon, Wed, Fri  
8:30 am to 4:30 pm



## BRANCH LOCATIONS

*Lobby Hours:*  
Monday – Friday 9 am to 4:30 pm,  
Thursday 9 am to 7 pm

**Catonsville Branch**  
Westpark Shopping Center  
6400 Baltimore National Pike  
Catonsville, Maryland 21228  
24-Hour ATM

**Eldersburg Branch**  
Princess Shopping Center, Bldg. 2  
1213 Liberty Road, Unit H  
Eldersburg, Maryland 21784  
24-Hour ATM

**Fullerton Branch**  
Putty Hill Plaza  
7966 Belair Road  
Baltimore, Maryland 21236  
24-Hour ATM

**Golden Ring Branch**  
8665 Shopping Center  
8665 Pulaski Highway  
Baltimore, Maryland 21237  
24-Hour ATM

**Lutherville Branch**  
Heaver Plaza  
1301 York Road, Suite 100  
Lutherville, Maryland 21093  
with Drive Thru  
24-Hour ATM

*Drive Thru Hours:*  
Monday - Friday 8 am to 5 pm,  
Thursday 8 am to 7 pm

**Owings Mills Branch**  
St. Thomas Shopping Center  
9906 Reisterstown Road  
Owings Mills, Maryland 21117  
24-Hour ATM

**Westminster Branch**  
Crossroads Square  
625-H Baltimore Blvd.  
Westminster, Maryland 21157  
24-Hour ATM

## OTHER

**For Deposits and Payments:**  
P.O. Box 20249  
Towson, MD 21284



FOR OFFICE USE ONLY			
<i>Social Security # Verification (check all that apply)</i> <input type="checkbox"/> Card <input type="checkbox"/> Non-document:			
<i>ID Verification: Student</i>			
<input type="checkbox"/> ID Type:	#:		
Issued Date:	Expiration Date:	Place of Issue:	Verified By:
<i>ID Verification: Parent</i>			
<input type="checkbox"/> ID Type:	#:		
Issued Date:	Expiration Date:	Place of Issue:	
BD:	<input type="checkbox"/> BD Verified:	<input type="checkbox"/> Address Verified to ID	
Card Number:	PVV:	Lookup #	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approved by: _____		
Date:	Employee Signature:		
Group #:	User ID:		

Rev. 07/17

# Your Campus Debit Card

for Students & Parents



## STUDENT APPLICATION

**YES**, I would like to have a Campus Debit Card.

I understand by selecting a Campus Debit Card, I am requesting the following services:

- Savings Account**
- Checking Account**
- Banking by Phone**

*Self Enrollment required for the following:*

- Online Banking**
- eStatements**

**Please Note:** Identification required for all applicants.

Personal Information <i>(Please print clearly in ink)</i>		
Social Security #	Student Account #	
First Name	M.I.	Last Name
Home Address: Street	Apt. # (if any)	
City	State	Zip
Home Phone	Cell Phone	
Email Address	Date of Birth	
Mother's Maiden Name	Your Country of Citizenship	
School Name	Graduation Year	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		
Optional Services		
Account Access		
In addition to the Campus Debit Card, I would like my child to also access this account through a First Financial:		
<input type="checkbox"/> <b>Visa® Debit Card</b> <i>(will also serve as an ATM Card)</i> - <b>OR</b> - <input type="checkbox"/> <b>ATM Card</b> only		
Signature of Parent/Guardian <b>X</b> _____		

**X** \_\_\_\_\_ (Seal) \_\_\_\_\_  
Signature of Student/Applicant Date

**SECURITY: YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS AGREEMENT. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.** Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

\_\_\_\_\_ (Applicant Initials)

## JOINT PARENT/GUARDIAN INFORMATION

**YES**, I acknowledge I am joint owner and responsible for the student account & services selected on this application.

Personal Information <i>(Please print clearly in ink)</i>		
Social Security #	Parent Account #	
First Name	M.I.	Last
Home Address: Street	Apt. # (if any)	
City	State	Zip
Home Phone	Cell Phone	
Email Address	Date of Birth	
Mother's Maiden Name	Your Country of Citizenship	
Employer Name	Work Phone	
Employer Address		
Optional Services		
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.		
Online Transfers		
<input type="checkbox"/> I currently have a First Financial account # _____ and wish to make Online Banking transfers FROM my account TO this student account.		

### NEW ACCOUNT DISCLOSURE

I hereby make application for membership in the First Financial Federal Credit Union and agree to conform to the Federal Credit Union Act, NCUA Rules and Regulations, the Credit Union policies, rules, regulations and bylaws, and any amendments thereto and subscribe for at least one share. I understand the Credit Union may investigate and verify my credit, employment, income and any other information furnished herein and I authorize them to do so. **NON-TRANSFERABLE.**

Under the penalties of perjury, I certify (1) that the social security number shown on the form is my correct taxpayer identification number and (2) that I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

I certify that I have received and read the Agreements and Disclosures (Disclosure of Account Terms), and I agree to be bound by the terms and conditions found therein with respect to any products and/or services. Signing below amounts to executing this agreement under seal and undersigned adopts as his/her seal the word "(Seal)" appearing beside his/her signature.

**I acknowledge receiving important information for opening a new account in compliance with the USA Patriot Act. I understand that the identity information I have provided will be verified.**

**X** \_\_\_\_\_ (Seal) \_\_\_\_\_  
Signature of Parent/Guardian (Joint) Date

## FIRST FINANCIAL SERVICES ACCESS CODE

### Student Account

The 4-digit number you indicate below will be used **ONLY** as your access code for:

- Visa Debit/ATM Card *(if selected)*
- Banking by Phone

--	--	--	--

*The Access Code you choose can be the same as the PIN you choose for your Campus Debit Card.*

### Helpful Reminders:

- Your PIN cannot be any part of your social security number.
- Your PIN should be numbers not easily connected to you (i.e. never use your birth date, address, phone number, etc.), but easy for you to remember.
- Never keep your PIN with your ATM/Visa Debit Card.

**First Financial**  
FEDERAL CREDIT UNION