

Joint Parent/Guardian Information

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

Student Account #: _____ Office Use Only

Parent Account #: _____ Office Use Only

Personal Information

(Please print clearly in ink)

Social Security #: _____

Name: _____
First Middle Initial Last

Street Address: _____ Apt. No. (if any): _____

City, State, Zip: _____

Home Phone: () _____ Cell Phone: () _____ Date of Birth: _____

Email address: _____ Mother's Maiden Name: _____ Your Country of Citizenship: _____

Employer Name: _____ Work Phone: () _____

Employer Address: _____

Optional →

In addition to the Campus Debit Card, I would like my child to also access this account through a First Financial: **VISA Debit Card** (will also serve as an ATM Card) **OR** **ATM Card** only

Signature of Parent/Guardian **X** _____

Online Transfers

I currently have a First Financial account (# _____) and wish to make Online Banking and Banking By Phone transfers **FROM** my account **TO** this student account.

Self-enroll for e-services at www.firstfinancial.org

- Online Banking
- eStatements
- eAlerts

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 Student/Applicant

X _____ (Seal)
Signature of Parent/Guardian (Joint)

_____ **Date**

_____ **Date**

For office use only

Social Security Number Verification Card Non-Document _____

ID Verification (STUDENT):

ID Type _____ # _____
 Issued date _____ Expiration date _____ Place of issue _____ Verified by _____

ID Verification (PARENT):

ID Type _____ # _____
 Issued date _____ Expiration date _____ Place of issue _____ Verified by _____
 Address Verified to ID Yes No BD Verified _____

ATM/VDC# _____ PVV _____ Services set up by _____ Date _____ Branch Mgr. Sig. _____ Date _____

Parents can have their own First Financial account as well.

Yes, I would also like to open my own First Financial account. Please provide me with a separate membership application.

First Financial Services Access Code – on student's account
The 4-digit number you indicate below will be used ONLY as your access code for:

- Banking By Phone and, if selected
 Visa Debit/ATM Card

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

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Applications can be mailed to:

MAIN OFFICE

Lutherville

1215 York Road
 Lutherville, MD 21093
 410-321-6060
 24-hour ATM

Hours:

Monday-Friday 9:00 a.m. – 4:30 p.m.
 Thursday 9:00 a.m. – 7:00 p.m.

For Deposits and Payments:

P.O. Box 20249
 Towson, MD 21284

BRANCHES:

Catonsville

Westpark Shopping Center
 6400 Baltimore Nat'l Pike
 Catonsville, MD 21228
 24-hour ATM

Eldersburg

Princess Shopping Center
 Building 2
 1213 Liberty Road, Unit H
 Eldersburg, MD 21784
 24-hour ATM

Fullerton

Putty Hill Plaza
 7966 Belair Road
 Baltimore, MD 21236
 24-hour ATM

Golden Ring

8665 Shopping Center
 (across from Center at Golden Ring)
 8665 Pulaski Highway, Suite 118
 Baltimore, MD 21237
 24-hour ATM

Owings Mills

St. Thomas Shopping Center
 9906 Reisterstown Road
 Owings Mills, MD 21117
 24-hour ATM

Westminster

Crossroads Square
 625H Baltimore Blvd.
 Westminster, MD 21157
 24-hour ATM

Service Center Baltimore City

Fallon Federal Building
 31 Hopkins Plaza / Suite G400
 Baltimore, MD 21201
 In-office ATM

Hours:

Mon., Wed., Fri. 8:30 a.m. – 4:30 p.m.

WEBSITE & ONLINE BANKING

www.firstfinancial.org

MOBILE BANKING

mb.firstfinancial.org

LOAN CALL CENTER

410-321-6060, Option 4
 24 hours a day, 7 days a week

MEMBER SERVICES CALL CENTER

410-321-6060, option 5
 Monday–Friday 8:00 a.m. – 5:00 p.m.
 Thursday 8:00 a.m. – 7:00 p.m.

TOLL FREE ACCESS

1-800-90-FFCU (outside Balto. metro area)

Federally Insured by NCUA

FEDERAL CREDIT UNION
 Rev. 8/16

Your **Campus Debit Card** FOR STUDENTS & PARENTS




STUDENT APPLICATION

- Yes, I would like to have a Campus Debit Card.**
 By selecting a Campus Debit Card, I am requesting the following services:
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Savings Account | <input checked="" type="checkbox"/> Banking By Phone | Self Enrollment required for the following: |
| <input checked="" type="checkbox"/> Checking Account | | <input checked="" type="checkbox"/> Online Banking |
| | | <input checked="" type="checkbox"/> eStatements |

Please Note: The minor's social security card must be provided at time of application. A driver's license copy for all adults on the account must be provided.

Personal Information

(Please print clearly in ink)

Social Security #: _____

Name: _____
First Middle Initial Last

Street Address: _____
Apt. No. (if any):

City, State, Zip: _____

Home Phone: () _____
 Cell Phone: () _____
 Date of Birth: _____

Email address: _____
 Mother's Maiden Name: _____
 Your Country of Citizenship: _____

School Name: _____
 Graduation Year: _____

Account #: _____ Office Use Only