

**BUSINESS MEMBERSHIP/ACCOUNT SIGNER CHANGE**

Corporation/Unincorporated Association

Date Membership Est.: \_\_\_\_\_

Date of Signer Change: \_\_\_\_\_

Business Name: \_\_\_\_\_

Organization Number: \_\_\_\_\_

TIN/EIN Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Authorized Signers:**

X(check one)	Type of Signer Change	Number
	Membership	
	Individual Account	

**Print Names**

**Signature**

**Title**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESOLUTION BY CORPORATION/UNINCORPORATED ASSOCIATIONS**

Resolved that \_\_\_\_\_ (list the name of each signer) is/are authorized to open and maintain accounts with Firefighters First Credit Union as indicated on this card, a copy of which has been presented to the meeting of the directors/offices of \_\_\_\_\_ (name of entity)

Further resolved, that the persons identified as authorized signers on this card are authorized to conduct all business on financial institution accounts for this entity, including but not limited to (1) opening accounts, (2) closing accounts, and (3) depositing and withdrawing funds consistent with indicated signature authorizations.

Certification: I certify that: (1) I am the Secretary of this corporation or unincorporated association, (2) the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on \_\_\_\_\_ at \_\_\_\_\_ (city) \_\_\_\_\_ (state), and (3) these resolutions remain in effect and have not been modified.

Executed on \_\_\_\_\_ (date) at \_\_\_\_\_ (city) \_\_\_\_\_ (state).

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Print Secretary's Name

**TIN/EIN CERTIFICATION** My/our signature(s) on this document certify under the penalty of perjury that:

- (1) That the number shown on this Deposit Agreement is my/our correct taxpayer/employer identification number, and
- (2) That I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me/us that I am/we are no longer subject to backup withholding.

CAUTION: If you are subject to Backup Withholding, please strike out the language in item (2) above.

I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.



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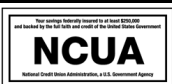
Corporation/Unincorporated Association

### Authorized Signer Personal Information

Name 1 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ Identification (DL, Passport) _____ Social Security # _____ _____ 2 <sup>nd</sup> ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____	Name 2 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ Identification (DL, Passport) _____ Social Security # _____ _____ 2 <sup>nd</sup> ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____
Name 3 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ Identification (DL, Passport) _____ Social Security # _____ _____ 2 <sup>nd</sup> ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____	Name 4 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ Identification (DL, Passport) _____ Social Security # _____ _____ 2 <sup>nd</sup> ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____

### AUTHORIZATION TO OBTAIN CONSUMER REPORT INFORMATION

By signing this document, I authorize **Firefighters First Credit Union** to obtain information regarding my identity, credit history, and other banking history from a consumer reporting agency. I understand that this information will be used in conjunction with the request to open or modify a deposit account being submitted by \_\_\_\_\_ on which I will be an authorized signer. I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, **Firefighters First Credit Union** will communicate this fact to owners and/or authorized signers of the (proposed) account. I further authorize **Firefighters First Credit Union** to obtain such information at any time from one or more consumer reporting agencies that it may choose as long as I am an authorized signer on the account.



**Federally Insured**

Please return this completed form and photocopy of current driver license for all signers, using one of the following methods:

- \*Deliver to any branch
- \*Mail to Firefighters First CU, P O Box 60890, Los Angeles, CA 90060-0890
- \*Fax to Operation Support at (323) 550-2287