

ENGINE HOUSE ACCOUNT APPLICATION

FIREFIGHTERS FIRST CREDIT UNION

AUTHORIZED SIGNER PERSONAL INFORMATION

Name 1 _____

Address _____ Title/Position _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Identification (DL#, Passport#) _____ Social Security # _____

2nd Identification (Fire ID, Credit Card type w/Exp Date) _____

Birthdate _____ Place of Birth _____ Mother's Maiden name _____

Member Number _____

Check Card: Yes No

Limits: Signature _____ ATM _____ POS _____

Name 2 _____

Address _____ Title/Position _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Identification (DL#Passport#) _____ Social Security # _____

2nd Identification (Fire ID, Credit Card type w/Exp Date) _____

Birthdate _____ Place of Birth _____ Mother's Maiden name _____

Member Number _____

Check Card: Yes No

Limits: Signature _____ ATM _____ POS _____

Name 3 _____

Address _____ Title/Position _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Identification (DL#Passport#) _____ Social Security # _____

2nd Identification (Fire ID, Credit Card type w/Exp Date) _____

Birthdate _____ Place of Birth _____ Mother's Maiden name _____

Member Number _____

Check Card: Yes No

Limits: Signature _____ ATM _____ POS _____

Name 4 _____

Address _____ Title/Position _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Identification (DL#Passport#) _____ Social Security # _____

2nd Identification (Fire ID, Credit Card type w/Exp Date) _____


Birthdate _____ Place of Birth _____ Mother's Maiden name _____

Member Number _____

Check Card: Yes No

Limits: Signature _____ ATM _____ POS _____

CREDIT UNION USE ONLY

BACKGROUND INFORMATION (CREDIT UNION USE ONLY)	
Chexsystems Verification #1 _____ (operator initials)	Chexsystems Verification #2 _____ (operator initials)
Chexsystems Verification #3 _____ (operator initials)	Chexsystems Verification #4 _____ (operator initials)
Disclosures given by _____	Comments (Membership Officer) _____
ACCOUNT VERIFICATION & APPROVAL	
Date Opened _____	Date Superseded _____ Date Closed _____
Opened by _____	Superseded by _____ Closed by _____
Initial deposit _____	Reason Superseded _____ Amount _____
	Supersedes previous card dated _____ Reason Closed _____
Approved By: _____	
Operator #: _____	
P.O. Box 60890, Los Angeles, CA 90060-0890	

ENGINE HOUSE ACCOUNT APPLICATION FIREFIGHTERS FIRST CREDIT UNION

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.

(Name 1)

(Name 2)

(Signature)

(Signature)

(Date)

(Date)

(Name 3)

(Name 4)

(Signature)

(Signature)

(Date)

(Date)

Please return this completed form, photocopy of current driver license for all signers, and all required business documentation to Firefighters First Credit Union, 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