



Business Membership Application & Agreement
Sole Proprietor/General Partnership/Limited Partnership/LLC/LLP

Member Number: _____

Business Name: _____

TIN/EIN: _____

Physical Address: _____

Primary Phone: _____

Email: _____

Type of Accounts: (check all that apply)
[] Savings [] Checking [] Money Market
[] Other: _____

Authorized Signers:

Table with 3 columns: Print Name, Signature, Title. Rows 1-4 for authorized signers.

CERTIFICATION/RESOLUTION

By signing below, I/we certify (check one)

- Checkboxes for Sole Proprietorship, Limited Partnership, General Partnership, Limited Liability Company, and Limited Liability Partnership.

I/We certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts.

Signature _____

Signature _____

- Check here if this business entity's partnership or operating agreement allows less than all partners of general partnership, joint venture or LLP, or less than all managers or officers of a limited liability company to open financial institution accounts, all such partners or managers or officers have signed this certification.

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.

Please return this completed form, all required business documentation, a photocopy of current driver license for all signers, and initial deposit using one of the following methods:

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



Federally Insured

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 # _____ Order Debit Card _____ _____ 2 nd ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Employer _____ Occupation _____	Name 2 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ _____ Identification (DL, Passport) _____ Social Security # _____ Order Debit Card _____ _____ 2 nd ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Employer _____ Occupation _____
Name 3 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ _____ Identification (DL, Passport) _____ Social Security # _____ Order Debit Card _____ _____ 2 nd ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Employer _____ Occupation _____	Name 4 _____ _____ Address _____ _____ City _____ State _____ Zip _____ _____ Home Phone _____ Cell Phone _____ Email _____ _____ DOB _____ Mother's Maiden Name _____ _____ Identification (DL, Passport) _____ Social Security # _____ Order Debit Card _____ _____ 2 nd ID (Fire ID, CC type w/exp.) _____ Personal Member Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Employer _____ Occupation _____

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.

UNLAWFUL INTERNET GAMBLING ENFORCEMENT ACT OF 2006 (UIGEA) –Regulation GG

In accordance with provisions of the Unlawful Internet Gambling Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Credit Union. "Restricted Transaction" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers (iii) checks, drafts, or any similar instruments. By signing below, the signers certify on behalf of the Business that it does not engage in internet gambling business.

Signature

Date