

BUSINESS MEMBERSHIP/ACCOUNT SIGNER CHANGE

Sole Proprietor/General Partnership/Limited Partnership/LLC/LLP

Date Membership Est.: _____

Date of Signer Change: _____

Business Name: _____

Organization Number: _____

TIN/EIN Number: _____

Physical Address: _____

Mailing Address: _____

Primary Phone #: _____

Email Address: _____

Authorized Signers:

	Print Names	Signature	Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CERTIFICATION/RESOLUTION

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

- ☐ I am/my spouse and I are the sole owner(s) of the **Sole Proprietorship** requesting and depositing funds to this/these account(s).
- ☐ I am the general partner of the **Limited Partnership** requesting and depositing funds to this/these account(s).
- ☐ We are all partners of the **General Partnership** (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked.
- ☐ I am/We are all of the managers/officers of the **Limited Liability Company** (LLC) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked. This is not a fiduciary account (such as an attorney-client trust account).
- ☐ I am/We are all partners of the **Limited Liability Partnership** (LLP) requesting and depositing funds to this/these account(s), or the statement below the signature line is checked. This is not a fiduciary account (such as an attorney-client trust account).

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. I/We agree on behalf of the named business entity to all terms stated on this card and separate account agreements provided to me/us.

Signature _____

Signature _____

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:

- That the number shown on this Deposit Agreement is my/our correct taxpayer/employer identification number, and
- 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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Authorized Signer Personal Information

1. First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____ DOB _____ Mother's Maiden Name _____ Identification (DL, Passport) _____ Social Security # _____ 2nd 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 # _____ 2nd 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 # _____ 2nd 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 # _____ 2nd 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