

ENGINE HOUSE ACCOUNT APPLICATION
FIREFIGHTERS FIRST CREDIT UNION

Account Title Member Number [] Shares [] Money Market [] Checking [] Certificate

Authorized Signers

Table with 3 columns: Print Names, Signatures, Titles. Rows 1-4 for authorized signers.

To: Firefighters First Federal Credit Union (DBA Firefighters First Credit Union) – Terms and Conditions of Business Account
I/We understand that by signing above I am/we are opening an ENGINE HOUSE ACCOUNT with the Credit Union and that I/we own this account as
I/We understand that there are rules and regulations that the Credit Union and I/we must follow. I/We understand my/our rights and obligations as the Credit Union's depositor(s) and I/we agree to follow the Credit Union's rules and regulations as explained in the Business Account Agreement and Disclosures, Business Services Rates, and Schedule of Fees and Charges.

ENGINE HOUSE INFORMATION

Name TIN/EIN#
Address City State Zip
Mailing Address City State Zip
Phone FAX E-Mail
Engine House # Password
Engine House Start Date

RESOLUTION BY ENGINE HOUSE

Resolved that (list the name of each firefighter) is/are authorized to open and maintain accounts with Firefighters First Credit Union as indicated on the card, a copy of which has been presented to an Engine House Dues Representative of (name of Engine House).
Further resolved, that the persons identified as authorized signers on the 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 an Engine House Dues Representative at , (2) the above is a true and correct copy of the resolution adopted by
Firefighters of the above station on (Date) at (city), (state), and (3) these resolutions remain in effect and have not been modified.
Executed on (Date) at (city), (state).

ENGINE HOUSE DUES REPRESENTATIVE'S SIGNATURE ENGINE HOUSE DUES REPRESENTATIVE'S NAME

TIN/EIN CERTIFICATION

Under penalty of perjury, I/we certify:
(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.

ENGINE HOUSE DUES REPRESENTATIVE'S SIGNATURE EMPLOYER IDENTIFICATION NUMBER / TAX I.D. NUMBER

MAIL INSTRUCTIONS The Credit Union is hereby instructed to

MAIL all statements , vouchers, and notices to the business address noted above.
If the mailed statements are returned undelivered, the Credit Union is hereby authorized to destroy these documents two (2) years thereafter. The Credit Union is relieved of all liability for items lost in delivery by U.S. mail or otherwise, not called for by the depositor.

ACKNOWLEDGEMENT OF DISCLOSURES

My initials below indicate that I/we have received the following:
Business Services Rates and Schedule of Fees and Charges

This credit union is federally insured by the National Credit Union Administration (NCUA). Your savings are federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government.

ENGINE HOUSE DUES REPRESENTATIVE'S SIGNATURE ENGINE HOUSE DUES REPRESENTATIVE'S NAME DATE

ENGINE HOUSE ACCOUNT APPLICATION
FIREFIGHTERS FIRST CREDIT UNION

AUTHORIZED SIGNER(S) 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)

(Signature)

(Date)

(Name 3)

(Signature)

(Date)

(Name 2)

(Signature)

(Date)

(Name 4)

(Signature)

(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 Operations Support at (323) 550-2287