

CONTACT US

Main Phone Number
410-321-6060
1-800-903-3328

**Member Services
Call Center**
410-321-6060, Option 5

24-Hour Loan Call Center
410-321-6060, Option 4

Administrative Center
1215 York Road
Lutherville, MD 21093

Website & Online Banking
www.firstfinancial.org

OTHER

For Deposits and Payments:
P.O. Box 20249
Towson, MD 21284



Your Campus Debit Card

for Students & Parents



FOR OFFICE USE ONLY			
Social Security # Verification (check all that apply) <input type="checkbox"/> Card <input type="checkbox"/> Non-document:			
ID Verification: Student			
<input type="checkbox"/> ID Type:	#:		
Issued Date:	Expiration Date:	Place of Issue:	Verified By:
ID Verification: Parent			
<input type="checkbox"/> ID Type:	#:		
Issued Date:	Expiration Date:	Place of Issue:	
BD:	<input type="checkbox"/> BD Verified:	<input type="checkbox"/> Address Verified to ID	
Card Number:	PVV:	Lookup #	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Approved by: _____			
Date:	Employee Signature:		
Group #:	User ID:		



STUDENT APPLICATION

YES, I would like to have a Campus Debit Card.

I understand by selecting a Campus Debit Card, I am requesting the following services:

- Savings Account**
- Checking Account**
- Visa® Debit Card**
- Banking by Phone**

Self Enrollment required for the following:

- Online Banking**
- eStatements**

Please Note: Identification required for all applicants.

Personal Information <i>(Please print clearly in ink)</i>		
Social Security #	Student Account #	Office Use Only
First Name	M.I.	Last Name
Home Address: Street	Apt. # (if any)	
City	State	Zip
Home Phone	Cell Phone	
Email Address	Date of Birth	
Mother's Maiden Name	Your Country of Citizenship	
School Name	Graduation Year	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		

X _____ (Seal) _____
Signature of Student/Applicant **Date**

SECURITY: YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS AGREEMENT. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE. Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

_____ (Applicant Initials)

No, I do not wish to have a First Financial Visa Debit Card

JOINT PARENT/GUARDIAN INFORMATION

YES, I acknowledge I am joint owner and responsible for the student account & services selected on this application.

Personal Information <i>(Please print clearly in ink)</i>		
Social Security #	Parent Account #	Office Use Only
First Name	M.I.	Last
Home Address: Street	Apt. # (if any)	
City	State	Zip
Home Phone	Cell Phone	
Email Address	Date of Birth	
Mother's Maiden Name	Your Country of Citizenship	
Employer Name	Work Phone	
Employer Address		
Optional Services		
Parent Account <input type="checkbox"/> YES, I would also like to open my own First Financial account. Please provide me with a separate membership application.		
Online Transfers		
<input type="checkbox"/> I currently have a First Financial account # _____ and wish to make Online Banking transfers FROM my account TO this student account.		

NEW ACCOUNT DISCLOSURE

I hereby make application for membership in the First Financial Federal Credit Union and agree to conform to the Federal Credit Union Act, NCUA Rules and Regulations, the Credit Union policies, rules, regulations and bylaws, and any amendments thereto and subscribe for at least one share. I understand the Credit Union may investigate and verify my credit, employment, income and any other information furnished herein and I authorize them to do so. **NON-TRANSFERABLE.**

Under the penalties of perjury, I certify (1) that the social security number shown on the form is my correct taxpayer identification number and (2) that I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

I certify that I have received and read the Agreements and Disclosures (Disclosure of Account Terms), and I agree to be bound by the terms and conditions found therein with respect to any products and/or services. Signing below amounts to executing this agreement under seal and undersigned adopts as his/her seal the word "(Seal)" appearing beside his/her signature.

I acknowledge receiving important information for opening a new account in compliance with the USA Patriot Act. I understand that the identity information I have provided will be verified.

X _____ (Seal) _____
Signature of Parent/Guardian (Joint) **Date**