



# New Member Application

216-621-4644 | www.ffcommunity.com

Member No:  
*(for credit union use only)*

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, We will ask you for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

**Print and complete the New Member Application. Owner and Joint Owner must complete and sign where indicated. Visit any location or return application to FFCCU, 2300 St. Clair Ave., Cleveland, OH 44114. Remember to include a minimum opening savings deposit of \$5.00. Include a photocopy of a State issued ID or a passport, Birth Certificate for a minor. Also include a photocopy of a second form of ID such as a Social Security Card or work/student ID. FFCCU is open to Everyone in Cuyahoga and Lake Counties.**

## ACCOUNT TYPE

- Savings Account  
*A savings account is required before additional accounts can be requested.*
- Youth Savings Account *(0-12 years old)*

### Additional Accounts:

- Checking Account
- Christmas Club
- Travel Club
- Money Market
- Share Certificate (CD)

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

*Please print*

Primary Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Email: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_  
*(How are you eligible to join?)*

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
- Minor Child
- Joint Account with Rights of Survivorship

Joint Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

## ACCOUNT SERVICES

Payroll Deduction/Direct Deposit

Debit Card  
(Checking acct. required)

Audio Response

ATM Card

Home Banking

## ACCOUNT DESIGNATION

**Payable on Death (POD)** (Complete all fields)

Beneficiary/POD Payee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in part (1) of the statement.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT**

We will be unable to open an Account for you without a taxpayer identification number.

## AUTHORIZATION

You hereby apply for membership with Firefighters Community Credit Union, Inc. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of the Credit union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Regular Share Account (savings), You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for the Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s). **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Deposits in this credit union are insured by American Share Insurance (ASI) up to \$250,000 per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get their money back.

X

Primary Owner Signature

Date

X

Joint Owner Signature

Date

FOR CREDIT UNION USE ONLY

See Account Change Card

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_

Credit Report

ATM Card Ordered

ChexSystems

Home Banking

Audio Response

VISA Check Card Ordered

Checks Ordered