

Initial Update

FAMILY FIRST CREDIT UNION MEMBERSHIP APPLICATION

Date _____



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 your name, address, date of birth, and other information that will help us to identify you. We may also ask to see your driver's license and other identifying information.

Form Directions: Complete all applicable areas on the form and sign and date in the signature area on page 2. If authorizing Payroll Deduction, please also sign and date the corresponding box. Return completed application with supporting documents to any Family First Credit Union branch. FCBOE may also send applications, deposits, and supporting documents through inter-office school mail.

South Branch: 3604 Atlanta Ave., Hapeville, GA 30354 | Phone: 404-768-4980 | Fax: 404-768-5496 North Branch: 1560 Holcomb Bridge Rd., Roswell, GA 30076 | Phone: 770-667-8114 | Fax: 770-667-8329

I have included the following supporting documents with my signed application:

- \$5 Initial Deposit for Savings Account (Cash or Check)
- Additional \$25 Initial Deposit for Checking Account (Cash or Check)
- Copy of valid GA Driver's License with current address or valid Government Issued ID (No P.O. Boxes)
- (1) Address Verification Document i.e. utility bill, payroll stub, mortgage documents, apartment contract, etc.
NOTE: If driver's license does NOT reflect current address, (2) documents are required

PRIMARY MEMBER INFORMATION

Member Name _____ Member No. _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Date of Birth _____

Mobile/Home Phone _____ Driver's License No. _____

Work Phone _____ Email _____

Member Eligibility _____ Employer/School _____

JOINT OWNER INFORMATION

Joint Owner 1 _____ Social Security No. _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Driver's License No. _____

Mobile/Home Phone _____ Email _____

Work Phone _____ Employer _____

Joint Owner 2 _____ Social Security No. _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Driver's License No. _____

Mobile/Home Phone _____ Email _____

Work Phone _____ Employer _____

ACCOUNT TYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> Share Savings/Regular | <input type="checkbox"/> Draft/Prestige Checking*
<i>Credit Score Above 640 OR 55 yrs old & older OR 18-23 yrs old</i> | <input type="checkbox"/> 6-Month Term Share/IRA Certificate |
| <input type="checkbox"/> Share Savings/Minor Ages: 13-17 | <input type="checkbox"/> Draft/Advantage Checking*
<i>Credit Score between 580-639</i> | <input type="checkbox"/> 12-Month Term Share/IRA Certificate |
| <input type="checkbox"/> Share Savings/Club Busbee Ages: 0-12 | <input type="checkbox"/> Draft/E-Checking*
<i>Credit Score below 579</i> | <input type="checkbox"/> 24-Month Term Share/IRA Certificate |
| <input type="checkbox"/> Holiday Club: Vacation/Christmas/10 Month Club | | <input type="checkbox"/> IRA Savings |
| | | <input type="checkbox"/> Money Market Account |

*Eligibility will be determined by Credit Bureau Report & Deluxe Detect. Beacon Score _____.

ACCOUNT SERVICES REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Payroll Deduction | <input type="checkbox"/> VISA® Debit/ATM Card (Checking Accounts Only) |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Checks (Prestige/Advantage/Money Market Accounts Only) |
| <input type="checkbox"/> Opt in for Debit Overdraft | <input type="checkbox"/> Express Line Teller PIN Request |
| <input type="checkbox"/> FlashCard Reloadable Debit Card (\$6.95 initial cost/\$6.00 monthly fee) | <input type="checkbox"/> NetBranch Online Banki |

PAYROLL DEDUCTION AUTHORIZATION

I authorize Family First Credit Union to deduct the amount of \$ _____ from my paycheck **per pay period**.

Name: _____

Employer: _____

Lawson Number (APS Employees Only): _____

Signature: _____

Date: _____

Account To Be Paid	Dollar Amount (Per Pay Period)
Savings	
Checking	
Christmas Club	
Vacation Club	
10 Month Club	
Loan	
Other	

* NOTE: Payroll Deduction is only available for those members who are currently employed with Fulton County Schools/Atlanta Public Schools or Fulton County pension retirees.

ACCOUNT OWNERSHIP SELECTION

Single-Party with P.O.D. designation Single-Party without P.O.D. designation Multiple-Party with Right of Survivorship Multiple-Party without Right of Survivorship Multiple-Party with both

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed above.

The Family First Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares or heretofore paid in on shares by any or all of said joint owners to their Credit Union as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Said joint owners do further agree that any amounts added to this account by reason of any life insurance shall be paid to the surviving joint tenant or joint tenants who are hereby designated as the beneficiary or beneficiaries of such insurance.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right of authority of the Credit Union under this agreement shall not be changed or terminated by said owners or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made. Shares are not transferable except on the books of the Credit Union.

Beneficiary 1 _____ Beneficiary 2 _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

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 to me); and (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. citizen or other U.S. person (defined below); and (4) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

SIGNATURES

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I hereby certify that the foregoing information is a true and correct statement to the best of my knowledge and ability and made for the purpose of obtaining credit or account service(s). The undersigned authorizes the above named Credit Union, in its discretion, to verify my credit and employment history, and information, if any, obtained from a credit reporting agency, and to answer any question about your credit experience with me. The undersigned also understands that this account shall be reported for credit purposes in the names of those signed below.

X _____
Signature (Member) Date

X _____
Signature (Joint Owner) Date

X _____
Signature (Joint Owner) Date

Opened/Approved By: _____

Federally Insured by NCUA