



FAMILY FIRST CREDIT UNION
MEMBERSHIP APPLICATION

Initial Update

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.

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.

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

- Share Savings/Regular
Share Savings/Minor Ages: 13-17
Share Savings/Club Busbee Ages: 0-12
Holiday Club: Vacation/Christmas/10 Month Club
Prestige Checking (updates only)
Family First Checking Credit Score 580 and above
Basic Checking Credit Score 580 and above
E-Checking Credit Score 579 and below
6-Month Term Share/IRA Certificate
12-Month Term Share/IRA Certificate
24-Month Term Share/IRA Certificate
IRA Savings
Money Market Account

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

ACCOUNT SERVICES REQUESTED

- Payroll Deduction
Overdraft Protection
Opt in for Debit Overdraft
FlashCard Reloadable Debit Card (\$6.95 initial cost/\$6.00 monthly fee)
VISA@ Debit/ATM Card (Checking Accounts Only)
Checks (Family First/Basic/Money Market Accounts Only)
Express Line Teller PIN Request
NetBranch Online Banking

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 Street Address City/State/Zip Beneficiary 2 Street Address City/State/Zip

TIN CERTIFICATION AND BACKUP WITHHOLDINGS 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 serve to 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