ENGINE HOUSE ACCOUNT APPLICATION FIREFIGHTERS FIRST CREDIT UNION

Account Title	Member Number	Shares Money Mar	ket Checking Certificate
Authorized Signers Print Names		Signatures	Titles
1		•	
2		_	
3			
4			
To: Firefighters First Federal Credit Union (E I/We understand that by signing above I ar	DBA Firefighters First Credit Union) – Term n/we are opening an ENGINE HOUSE ACC I/We unde	ns and Conditions of Business Account COUNT with the Credit Union and that I/v erstand that there are rules and regulatio	ns that the Credit Union and
I/we must follow. I/We understand my/ou and regulations as explained in the Busines			
ENGINE HOUSE INFORMATION			
Name		TIN/EIN#	
Address	City	State	Zip
Mailing Address	City	State	Zip
Phone			
Engine House #			
Engine House Start Date			
	RESOLUTION BY ENG	INE HOUSE ——————	
Resolved thatwith Firefighters First Credit Union as indicated the control of the control o		ame of each firefighter) is/are authorized en presented to a captain of	to open and maintain accounts
		(name of Engine House).	
Further resolved, that the persons identifie this entity, including but not limited to (1) a signature authorizations.			
Certification: I certify that: (1) I am a captain	n at	, (2) the above is a true and correct co	ppy of the resolution adopted by
Firefighters of the above station on and (3) these resolutions remain in effect a	(Date) at nd have not been modified.	(city),	(state),
Executed on	(Date) at	(city),	(state).
CAPTAIN'S SIGN	IATURE	CAPTAIN'S NAME	
TIN/EIN CERTIFICATION Linder penalt	y of perjury, I/we certify:		
(1) That the number shown on this Deposit (2) that I am/we are not subject to backup the Internal Revenue Service that I am/we a Revenue Service has notified me/us that I a CAUTION: If you are subject to Backup With require my consent to any provision of this	: Agreement is my/our correct taxpayer/e withholding because: (a) I am/we are exe are subject to backup withholding as a re m/we are no longer subject to backup wi nholding, please strike out the language i	empt from backup withholding, or (b) I/v sult of a failure to report all interest or di ithholding. in item (2) above. I understand that the I	vldends, or (c) the Internal
AUTHORIZED USER	SIGNATURE	SOCIAL SECURITY/TAX I.D. N	IUMBER
MAIL INSTRUCTIONS The Credit Union is	s hereby instructed to		
	and notices to the business address noted	d above.	
	irned undelivered, the Credit Union is he oility for items lost in delivery by U.S. mail		
ACKNOWLEDGEMENT OF DISCLOSURES			
My initials below indicate that I/we have re	ceived the following:		
Business Services Rates and S	Schedule of Fees and Charges		
This credit union is federally insured by the the full faith and credit of the United States		CUA). Your savings are federally insured t	o at least \$250,000 and backed by
AUTHORIZED USER SIGNATURE	PRIN'	T NAME	DATE

ENGINE HOUSE ACCOUNT APPLICATION FIREFIGHTERS FIRST CREDIT UNION

AUTHORIZED SIGNER PERSONAL INFORMATION

Name 1		Name 2			
Address	Title/Position	Address	Title/Position		
City	State Zip	City	State Zip		
Home Phone	Work Phone	Home Phone	Work Phone		
Cell Phone	E-Mail	Cell Phone	E-Mail		
Identification (DL#, Passport#)	Social Security #	Identification (DL#Passport#)	Social Security #		
2nd Identification (Fire ID, Credit Car	rd type w/Exp Date)	2nd Identification (Fire ID, Credit Card type w/Exp Date)			
Birthdate Place of Birth	Mother's Maiden name	Birthdate Place of Birth	Mother's Maiden name		
Member Number		Member Number			
Check Card: Yes	☐ No	Check Card: Yes	☐ No		
_	ATM POS	Limits: Signature	ATM POS		
Name 3		Name 4			
Address	Title/Position	Address	Title/Position		
City	State Zip	City	State Zip		
Home Phone	Work Phone	Home Phone	Work Phone		
Cell Phone	E-Mail	Cell Phone	E-Mail		
Identification (DL#Passport#)	Social Security #	Identification (DL#Passport#)	Social Security #		
2nd Identification (Fire ID, Credit Card type w/Exp Date)		2nd Identification (Fire ID, Cred	2nd Identification (Fire ID, Credit Card type w/Exp Date)		
Birthdate Place of Birth	Mother's Maiden name	Birthdate Place of Birth	Mother's Maiden name		
Member Number		Member Number			
Check Card: Yes	No	Check Card: Yes	No		
Limits: Signature	ATM POS	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 & APPRO	OVAL				
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 #: Firefighters First CREDIT UNION					
P.O. Box 60890, Los Angeles, CA 90060-0890					

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AUTHORIZATION TO OBTAIN CONSUMER REPORT INFORMATION

By signing this document, I authorize Firefighters First Credit Union to obtain information regarding my identity,

(Date)

(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:

(Name 4)

(Signature)

*Deliver to any branch *Mail to Firefighters First CU P O Box 60890 Los Angeles, CA 90060-0890

(Name 3)

(Signature)

*Fax to Operation Support at (323) 550-2287

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