



firsttechfed.com | 855.855.8805  
PO Box 2100 Beaverton, OR 97075-2100



## Fiduciary Membership Application and Authorization

\_\_\_\_\_  
New Account #

### Account and Services

- Membership Savings   
  Carefree Savings   
  Instant Access   
  Share Certificate   
  Carefree Checking  
 First Checking Plus Account   
  Dividends Reward Checking   
  ATM Card   
  MasterCard® Debit  
 Online Banking   
  Phone Banking

### Applicant Information

- Trust   
  Estate   
  Representative Payee   
  Conservatorship   
  Custodial (UTMA)

\_\_\_\_\_  
Account Owner Name (Trusts/Estate/Minor, etc.)

\_\_\_\_\_  
Social Security (SSN)/Taxpayer Identification Number (TIN)

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Fiduciary Position

\_\_\_\_\_  
Member Eligibility

\_\_\_\_\_  
Phone (Home)\*

\_\_\_\_\_  
Phone (Mobile)\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Physical Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (If different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
ID Type (Driver License, Passport, or other gov't issued ID)

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Fiduciary Position

\_\_\_\_\_  
Member Eligibility

\_\_\_\_\_  
Phone (Home)\*

\_\_\_\_\_  
Phone (Mobile)\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Physical Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (If different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
ID Type (Driver License, Passport, or other gov't issued ID)

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\* By providing a telephone number, you consent to receiving calls from First Technology Federal Credit Union ("First Tech"), our affiliates and agents. Calls may include prerecorded or artificial voice messages, text messages and those made by an automated telephone dialing system. You may incur fees for such calls and messages from your service provider.

## Overdraft Protection



3008002

I authorize you to clear any overdrafts on my checking account from the account(s) listed in preferential numerical order below (1, 2 and/or 3. Please use each number only once).

Consumer Line of Credit Account # \_\_\_\_\_

Savings Account\*\* # \_\_\_\_\_

Other Account\*\* # \_\_\_\_\_

## Online Banking/Phone Banking Transfers

In addition to all accounts associated with the Member Account Number indicated above, I hereby direct First Tech to complete Online Banking transfer requests to any one or more of the following deposit accounts (checking or savings):

\_\_\_\_\_  
Member Name Account #

\_\_\_\_\_  
Member Name Account #

## TIN Certification/Backup Withholding Information

By signing below, I certify in accordance with the Internal Revenue Service (IRS) W-9 instructions and under penalties of perjury, that (1) The account owner is U.S. Citizen or other U.S. person, (2) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and (3) that the account owner is NOT, unless designated below, subject to backup withholding because (a) he, she or it is exempt from backup withholding, or (b) has not been notified by the IRS that he, she or it is subject to backup withholding as a result of a failure to report all dividends or interest, or (c) because the IRS has notified the account owner that he, she or it is no longer subject to backup withholding. The Internal Revenue Services does not require your consent to any provision of the Application other than the certifications required to avoid backup withholding.

Account Owner is subject to backup withholding       Account Owner is a Non-Resident Alien (complete form W-8BEN)

## Authorization

I/We promise that all information stated in this application is true and accurate to the best of my/our knowledge and promise to notify First Tech immediately in writing if there are important changes. I/We certify that I/we have the authority to act on behalf of the Account Owner. I/We agree to conform to all applicable terms and conditions set forth in the Membership and Account Agreement and the applicable Checking & Savings, Certificate, and Business Account Rate Sheets and Fees Schedule, receipt of all of which is hereby acknowledged and are incorporated by this reference, as amended from time to time. I/We request electronic access devices for ATM, point-of-sale, debit card, bill payment, online banking and/or telephone banking. If I/we qualify, you shall provide a disclosure of terms and conditions with the access device. My/Our use of any access device will signify my/our acceptance of the device and the terms and conditions of its usage.

I/We authorize First Tech to obtain credit bureau reports for evaluating this application and in the future for reviewing credit limits, renewals, servicing and collection purposes, and for other legitimate purposes associated with my/our account. Upon my/our request, you will inform me/us if a consumer report was requested, and if it was, provide me/us with the name and address of the consumer reporting agency that furnished the report.

I/We also authorize First Tech to verify employment, income, address and all other information provided with credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality I/We may have in that information under applicable law.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ By providing you with a telephone number for a cellular phone, other wireless and/or digital device, I am expressly consenting to receive communications, including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system, from you and your affiliates and agents at that number. This consent applies to each telephone number that I provide to you now, in the future, or if the nature of the device changes and permits such calls regardless of their purpose. Calls and messages may incur access fees from my service provider.

### All Applicants' Initials

\_\_\_\_\_  
Member Name Signature Date

\_\_\_\_\_  
Fiduciary Title

\_\_\_\_\_  
Member Name Signature Date

\_\_\_\_\_  
Fiduciary Title

\_\_\_\_\_  
Member Name Signature Date

\_\_\_\_\_  
Fiduciary Title



3008003

### Certificate of Authority

1. **ACCOUNT OWNER.** The Member name shown above is the complete and correct name of the Account Owner. The above named Fiduciary warrants that the Account Owner has been duly formed and currently exists and the Fiduciary is authorized to act on behalf of the Account Owner. Account Owner agrees to provide First Tech with a true copy of any court or legal documents, or other evidence that the Fiduciary(s) are authorized to enter into the Membership Account Agreement on behalf of the Account Owner and that the Fiduciary listed above are authorized to transact business on the Account Owner's behalf.
2. **AUTHORIZED PARTIES.** The Fiduciaries signing above presently occupy the fiduciary position listed and are authorized to transact business on behalf of the Account Owner. Each Fiduciary agrees to notify First Tech in writing of any change in authority. First Tech may request any other evidence of a Fiduciary's authority at any time.
3. **AUTHORITY.**
  - a. Each Fiduciary certifies and agrees that the Account Owner's accounts will be governed by the terms set forth in the Membership and Account Agreement and applicable Checking & Savings, Certificate, and Business Account Rate Sheets and Fee Schedule, receipt of all of which is hereby acknowledged and are incorporated by this reference, as amended from time to time.
  - b. First Tech Federal Credit Union is directed to accept and pay without further inquiry any item bearing one of the signatures above, drawn against any of the Account Owner's accounts. Any one Fiduciary is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by First Tech and to execute such other agreements and to perform any other transaction under the Agreement.
  - c. The authority given to the Fiduciary shall remain in full force until written notice of revocation is delivered to and received by First Tech at each location where an account is maintained. Any such notice shall not affect any items in process at the time notice is given. The Fiduciary will notify First Tech of any change in the Account Owner's composition or any aspect affecting the deposit relationship between the Account Owner and First Tech before any such change occurs. First Tech shall have no duty to inquire as to the powers and duties of any Fiduciary and shall have no notice of any breach of fiduciary duties by any Fiduciary unless First Tech has actual notice of wrongdoing.
  - d. The Fiduciaries are authorized to receive from First Tech, either orally or in writing, any information related to the account.
4. **LIABILITY.** The Account Owner agrees that First Tech shall not be liable for any losses due to the Account Owner or any Fiduciary's failure to notify First Tech of such changes. Account Owner and each Fiduciary agree to indemnify and hold First Tech harmless of any claim or liability as a result of unauthorized acts of any Fiduciary or former Fiduciary or acts of any Fiduciary upon which First Tech relies prior to notice of any account change or change of Account Owner.

|                            |              |                              |                                |   |  |               |
|----------------------------|--------------|------------------------------|--------------------------------|---|--|---------------|
| <b>INTERNAL USE ONLY</b>   | Notes: _____ |                              |                                |   |  |               |
|                            | _____        |                              |                                |   |  |               |
|                            | _____        |                              |                                |   |  |               |
|                            | _____        |                              |                                |   |  |               |
| Qualifile Inquiry done on: |              | <input type="checkbox"/> TRO | <input type="checkbox"/> Joint | <input type="checkbox"/> Other          |  |               |
| IDV verified on:           |              | <input type="checkbox"/> TRO | <input type="checkbox"/> Joint | <input type="checkbox"/> Other          |  |               |
| OFAC verified on:          |              | <input type="checkbox"/> TRO | <input type="checkbox"/> Joint | <input type="checkbox"/> Other          |  |               |
| _____                      |              | _____                        | _____                          | _____                                   |  | _____         |
| Employee Name (PRINT)      |              | Initials                     | Date                           | Branch Manager or Designee Name (PRINT) |  | Initials Date |