



# Emergency Financial First Aid Kit

FEMA 532/August 2005 (Revised December 2010)



FEMA

# **EFFAK**

EMERGENCY FINANCIAL  
FIRST AID KIT





### **ABOUT OPERATION HOPE, INC.**

On September 11, 2001, when terrorists effectively closed Operation HOPE's recently inaugurated office at 1 Liberty in New York City, right beside the World Trade Center complex, John Bryant, Operation HOPE's founder, chairman and CEO, looked for a greater meaning and any sense of good that might come from the disaster. He found that larger meaning and a sense of mission benefiting all American citizens in creating HOPE Coalition America (HCA), now a national partner with the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA), and Citizen Corps. As HCA began providing free financial recovery services and economic triage to those affected by natural disasters and national emergencies, Bryant saw first-hand that Americans need not only financial recovery services, but a tool to assist them in better preparing in advance. In partnership with the U.S. Department of Homeland Security's Citizen Corps, Bryant created the Emergency Financial First Aid Kit (EFFAK) to provide Americans with that tool. The tool was publicly unveiled at the U.S. Department of the Treasury on Monday, September 27, 2004.

Operation HOPE, Inc. (OHI), is America's first nonprofit social investment bank and a national leader in providing financial literacy and economic empowerment programs. Through ongoing collaborations and long-term partnerships with leading government, private-sector and community interests, OHI works to bring self-sufficiency and a sustained spirit of revitalization to America's inner-city communities. In advance of national disasters, HCA offers seminars and preparedness kits. After a disaster, HCA provides one-on-one assistance by staff and local volunteers to those directly impacted by the emergency. Since 2004, HCA has responded to numerous natural and man-made disasters that include the Florida hurricanes, Hurricane Katrina and the California wildfires. HCA has also responded to the storm of foreclosures in the United States via the Mortgage HOPE Crisis Hotline. HCA has assisted over 130,000 hurricane survivors in the Gulf. In addition to HOPE Coalition America, OHI operates a growing network of HOPE Centers: inner-city banking centers that, as of October 2004, have created more than 1,100 new homeowners and small business owners. The centers have facilitated more than \$655 million in funded loans, and more than \$800 million in commitments for homeownership and small business loans from their 250 bank and corporate partners. In addition, OHI's Banking on Our Future program, the nation's only national urban delivery platform for financial literacy, since 1996 has provided financial literacy education and related services to more than 520,000 children across the country. Taken together, these programs make Operation HOPE the



national leader in economic empowerment tools and services for the underserved in America. For more information, visit [www.operationhope.org](http://www.operationhope.org).

The EFFAK is a tool for all Americans. Regardless of our annual income or our financial assets, we all need to have our financial records in order to help maintain stability in the event of an emergency. The EFFAK is your first step!

#### **ABOUT CITIZEN CORPS**

**C**itizen Corps is the Department of Homeland Security's nationwide grass-roots initiative to actively involve everyone in America in making our communities safer, stronger and better prepared for emergencies of all kinds. We all have a role in hometown security, and Citizen Corps Councils provide local opportunities for everyone to better prepare his or her family, get training in basic first aid, and volunteer to help local emergency responders.

Citizen Corps serves as the umbrella organization for Neighborhood Watch, Community Emergency Response Team (CERT) training, Volunteers in Police Service, Medical Reserve Corps and affiliate organizations to involve citizens within their community. Citizen participation is coordinated by state, local and tribal Citizen Corps Councils, which bring together the expertise of emergency responders with the energy and spirit of volunteers, the private sector and other community stakeholders. Please visit [www.citizencorps.gov](http://www.citizencorps.gov) to learn more and to find the Councils nearest you.



## EMERGENCY FINANCIAL FIRST AID KIT

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**W**e live in a vulnerable world where it's likely that we — or someone we know — will be affected by an emergency event. Emergencies often come when we least expect it, yet many of us do not think to prepare our financial interests in advance. The Emergency Financial First Aid Kit (EFFAK) is here to help.

The EFFAK is a simple tool designed to assist you and your family in maintaining financial stability in the event of an emergency. EFFAK helps you to identify and organize key financial records and provides a quick reference file for your most important financial documents. One kit per household is recommended, although in the event one kit is used for a couple, all joint and separate accounts and liabilities should be included.

If you need any assistance completing your Emergency Financial First Aid Kit, call 1-888-388-HOPE (4673), and we will walk you through it, step by step. For more information on HOPE Coalition America and to access a Personal Disaster Preparedness Guide, please visit [www.hopecoalitionamerica.org](http://www.hopecoalitionamerica.org).

In addition to organizing your financial documents, there are other important steps you should take right now to be better prepared for any emergency, from a natural disaster to a household accident. Develop a household communications plan and organize disaster supplies kits for the home, workplace and vehicle. And be sure to learn about emergency plans for your children's schools, your workplace, neighborhood and community. Visit [www.ready.gov](http://www.ready.gov) for more information.

We also encourage you to get involved in your community's preparedness, to participate in community exercises and drills, to take training in first aid and emergency response skills, and to volunteer to support your local first responders. Your local Citizen Corps Council can help you get started. Please visit [www.citizencorps.gov](http://www.citizencorps.gov) to learn more and to find the Council nearest you.



## FIVE TIPS TO PREPARE FOR AN EMERGENCY

### 1. **Complete all sections of the Emergency Financial First Aid Kit (EFFAK):**

- Personal Household Information
- Professional Advisors and Health Care Providers
- Checklist of Important Legal Documents and Financial Statements
- Private Security / Access Information

Also be sure to collect all supporting original documentation. If you do not have the original document, contact the appropriate office/authority to obtain a reissued copy. We also strongly suggest that you date all forms as you complete them.

### 2. **Review all the supporting documentation** for accuracy and to be sure the document is still in effect.

For example, if you are a homeowner, be sure that your property coverage is still adequate and take photographs or a video of valuable personal property; if you are a renter, be sure that your lease reflects your current rent.

If you store financial records on your computer, have a backup file on diskette and remember to update the diskette at least quarterly.

If there are any documents that you should have but presently don't, such as a will, living will, life insurance or health coverage, make sure to take the necessary steps immediately to obtain these items.

### 3. Once your documents are in order, **make a copy of your completed EFFAK** — all the completed forms and the relevant legal documents.

### 4. **Keep your EFFAK in a safe place.** Store your completed EFFAK, all original documents, photographs, and computer backup disks in an off-site safety deposit box. Be sure to keep this key in a safe place.

In addition, keep a copy of your EFFAK and copies of your original documents at home in a fireproof/waterproof metal box or safe. Because ATMs do not work when electricity is out or they may not be restocked during an emergency, be sure to include some \$10 and \$20 bills in your storage box.

If you have an attorney, you may also want to provide him or her with a copy of your EFFAK in a sealed envelope to be opened with your approval or in the event you become incapacitated.

### 5. **Update your kit whenever your documents change**, for example, if you sell or buy a house, get married or divorced, change your will, have new tax filings, a new passport or change your parental status. At a minimum, be sure to review and update your EFFAK **at least once a year**.

*Please make additional copies of any form as required.*



## PERSONAL HOUSEHOLD INFORMATION

Complete this brief summary of personal information for your household. In the event of an emergency or if you are incapacitated, this information will help others get in touch with your family and household members.

### RESIDENCE

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

### YOUR NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### CONTACT INFORMATION

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Other \_\_\_\_\_

### YOUR EMPLOYMENT INFORMATION

Company/Firm \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### NAME OF SUPERVISOR

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

### CONTACT INFORMATION

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

*Please make additional copies of any form as required.*



NAME OF SPOUSE/PARTNER

\_\_\_\_\_  
Last Name First Name Middle Name

DATE OF BIRTH \_\_\_\_\_

CONTACT INFORMATION

\_\_\_\_\_  
Work Phone Cell Phone

\_\_\_\_\_  
E-mail Other

YOUR SPOUSE/PARTNER EMPLOYMENT INFORMATION

\_\_\_\_\_  
Company/Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

NAME OF SUPERVISOR

\_\_\_\_\_  
Last Name First Name Middle Name

CONTACT INFORMATION

\_\_\_\_\_  
Work Phone E-mail

\_\_\_\_\_  
Home Phone Other

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EMERGENCY NOTIFICATION Who would need to be notified if something happened to you or your spouse/partner?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

CONTACT INFORMATION

\_\_\_\_\_  
Work Phone E-mail

\_\_\_\_\_  
Home Phone Other

*Please make additional copies of any form as required.*







LIST THE NAMES OF CHILDREN AND OTHER INDIVIDUALS LIVING IN THE RESIDENCE

Last Name	First Name	Middle Name
Date of birth	Relationship to you	

CONTACT INFORMATION

School	Phone
Work Phone	Cell Phone
E-mail	Other

Last Name	First Name	Middle Name
Date of birth	Relationship to you	

CONTACT INFORMATION

School	Phone
Work Phone	Cell Phone
E-mail	Other

Last Name	First Name	Middle Name
Date of birth	Relationship to you	

CONTACT INFORMATION

School	Phone
Work Phone	Cell Phone
E-mail	Other

*Please make additional copies of any form as required.*



PROFESSIONAL ADVISORS

ACCOUNTANT

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Last Name	First Name	Middle Name
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COMPANY/FIRM

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Street	Suite
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City	State	ZIP Code
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CONTACT INFORMATION

---

Work Phone	E-mail
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Home Phone	Fax
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ADDITIONAL INFORMATION

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ATTORNEY

---

Last Name	First Name	Middle Name
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COMPANY/FIRM

---

Street	Suite
--------	-------

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City	State	ZIP Code
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CONTACT INFORMATION

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Work Phone	E-mail
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Home Phone	Fax
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ADDITIONAL INFORMATION

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*Please make additional copies of any form as required.*





PROFESSIONAL ADVISORS(cont'd)

FINANCIAL PLANNER

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Last Name	First Name	Middle Name
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COMPANY/FIRM

---

Street		Suite
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City	State	ZIP Code
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CONTACT INFORMATION

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Work Phone	E-mail
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Home Phone	Fax
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ADDITIONAL INFORMATION

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ADDITIONAL ADVISORS

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Last Name	First Name	Middle Name
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COMPANY/FIRM

---

Street		Suite
--------	--	-------

---

City	State	ZIP Code
------	-------	----------

CONTACT INFORMATION

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Work Phone	E-mail
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Home Phone	Fax
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ADDITIONAL INFORMATION

*Please make additional copies of any form as required.*





## CHECKLIST OF IMPORTANT LEGAL DOCUMENTS AND FINANCIAL STATEMENTS

Please review the list of important documents below and check whether you have the document, whether you need to obtain the document or whether the document does not apply to your household. Next, collect the documents you have and obtain the ones you still need. These documents, along with the completed forms provided here, make up your Emergency Financial First Aid Kit (EFFAK).

Once you have all of these documents together, you should make a copy of your entire EFFAK. As important information is often printed on the backs of these documents, please be sure to copy both sides.

Because these documents contain such important and personal information, we strongly recommend that you keep all original documents, photographs and computer backup disks in an off-site safety deposit box. And be sure to keep the key to your safety deposit box in a safe place too!

In addition, keep a copy of your EFFAK and copies of your original documents at home in a fireproof/waterproof metal box or safe. Because ATMs do not work when electricity is out or they may not be restocked during an emergency, be sure to include some \$10 and \$20 bills in your storage box.

If you have an attorney, you may also want to provide them with a copy of your EFFAK in a sealed envelope to be opened with your approval, or in the event you become incapacitated.

### IMPORTANT LEGAL DOCUMENTS THAT APPLY TO MY FAMILY

- |   |                                  |
|---|----------------------------------|
| 1. Birth Certificate(s)/Adoption Papers     | 1. have ____ need ____ N/A ____  |
| 2. Marriage License                         | 2. have ____ need ____ N/A ____  |
| 3. Divorce Papers                           | 3. have ____ need ____ N/A ____  |
| 4. Social Security Card(s)                  | 4. have ____ need ____ N/A ____  |
| 5. Passport/Green Card                      | 5. have ____ need ____ N/A ____  |
| 6. Naturalization Documents                 | 6. have ____ need ____ N/A ____  |
| 7. Will                                     | 7. have ____ need ____ N/A ____  |
| 8. Power(s) of Attorney (personal/property) | 8. have ____ need ____ N/A ____  |
| 9. Mortgage or Real Estate Deeds of Trust   | 9. have ____ need ____ N/A ____  |
| 10. Vehicle Registration/Ownership Papers   | 10. have ____ need ____ N/A ____ |
| 11. Other _____                             | 11. have ____ need ____ N/A ____ |



TAX STATEMENTS

- 12. Previous Year's Tax Returns 12. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 13. Property Tax Statement 13. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 14. Personal Property Tax (i.e. Car Tax) 14. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_

FINANCIAL ACCOUNTS

- 15. Bank/Credit Union Statements 15. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 16. Credit/Debit Card Statements 16. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 17. Retirement Accounts (401K, TSP, IRA) 17. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 18. Investment Accounts (Stocks, Bonds, Mutual Funds) 18. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 19. Other \_\_\_\_\_ 19. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_

SOURCES OF INCOME/ASSETS

- 20. Recent Pay Stubs for All Sources of Income 20. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 21. Government Benefits (e.g. Social Security, Temporary Assistance for Needy Families, Veterans') 21. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 22. Alimony Income 22. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 23. Child Support Income 23. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 24. Professional Appraisals of Personal Property 24. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 25. Rewards Accounts (e.g., Frequent Flyer Programs, Hotel Rewards) 25. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 26. Other \_\_\_\_\_ 26. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_

FINANCIAL OBLIGATIONS

- 27. Mortgage Statement 27. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 28. Lease 28. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 29. Utility Bills (Electric, Water, Gas) 29. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 30. Car Payment 30. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 31. Student Loan 31. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 32. Alimony Payments 32. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 33. Child Support Payments 33. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 34. Elder Care Facilities 34. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_
- 35. Other Debt \_\_\_\_\_ 35. have \_\_\_\_ need \_\_\_\_ N/A \_\_\_\_



TAX STATEMENTS

- |                        |                                  |
|------------------------|----------------------------------|
| 36. Property Insurance | 36. have ____ need ____ N/A ____ |
| 37. Rental Insurance   | 37. have ____ need ____ N/A ____ |
| 38. Auto Insurance     | 38. have ____ need ____ N/A ____ |
| 39. Life Insurance     | 39. have ____ need ____ N/A ____ |
| 40. Other _____        | 40. have ____ need ____ N/A ____ |

MEDICAL

- |   |                                  |
|---|----------------------------------|
| 41. Health Insurance ID Card (s)                      | 41. have ____ need ____ N/A ____ |
| 42. Record of Immunizations/Allergies                 | 42. have ____ need ____ N/A ____ |
| 43. List of Necessary Medications                     | 43. have ____ need ____ N/A ____ |
| 44. Disabilities Documentation                        | 44. have ____ need ____ N/A ____ |
| 45. Living Will                                       | 45. have ____ need ____ N/A ____ |
| 46. Dental Records / Child Identity Cards / DNA Swabs | 46. have ____ need ____ N/A ____ |
| 47. Other _____                                       | 47. have ____ need ____ N/A ____ |

MILITARY

- |                               |                                  |
|-------------------------------|----------------------------------|
| 48. Current Military ID       | 48. have ____ need ____ N/A ____ |
| 49. Military Discharge DD 214 | 49. have ____ need ____ N/A ____ |
| 50. Other _____               | 50. have ____ need ____ N/A ____ |

OTHER FINANCIAL/LEGAL DOCUMENTATION

- |           |                                  |
|-----------|----------------------------------|
| 51. _____ | 51. have ____ need ____ N/A ____ |
| 52. _____ | 52. have ____ need ____ N/A ____ |
| 53. _____ | 53. have ____ need ____ N/A ____ |

We suggest you include a date on each line as you collect and obtain your necessary documents. This will help you track your progress as you work toward preparing your household finances for any unanticipated emergency.

**IMPORTANT:** If you are a small business owner, you should make sure that you safeguard your business finances as well: backup computer files routinely, keep original of critical document in an off-site safety deposit box and keep copies in a secure fireproof, waterproof container on site.



## HELPFUL HINTS: CHECKLIST OF IMPORTANT LEGAL DOCUMENTS

These helpful hints provide direction in identifying the best resources for gathering the documents listed on the Checklist of Important Legal Documents and Financial Statements.

### IMPORTANT LEGAL DOCUMENTS

- 1–3. You can obtain copies of birth, death, marriage, divorce and adoption certificates from your state health or social services administrations office for a minimal fee.
4. The IRS says US Citizens who receive income are required to have an SSN. Call your local social security office (you can get the local number by calling 1-800-772-1213 and telling the operator where you live) for assistance in obtaining new/replacement cards, or refer to the SSN web page <http://www.ssa.gov/ssnumber/> for further assistance.
5. A copy of your passport will expedite obtaining a replacement passport if needed. Information about obtaining a passport is available at <http://travel.state.gov/passport/>.
6. Information on U.S. Citizenship and Immigration Services is available at: <http://uscis.gov/graphics/formsfee/forms/>. Naturalization documents are the only acceptable proof of citizenship for individuals not born in the United States.
7. A Will is an extremely helpful document that can help reduce family conflicts, probate, time and expenses during the stressful time of losing a loved one. A Short Form Will, an uncomplicated will used to give all assets equally to one or more heirs, can generally be obtained for less than \$10. Most financial planners can help you with this or you can contact your local legal aid offices.
8. A Power of Attorney is a legal document that authorizes another person to act on your behalf. That person does not have to be an attorney, just someone you trust to make decisions for you if you cannot make them yourself. A power of attorney can grant complete authority or can be limited to certain acts and/or for certain periods of time.
9. If you need a copy of your mortgage or deed of trust, contact your lending institution. Proof of home ownership may be required in order to receive federal disaster assistance.
10. If you do not have your car ownership papers, you should be able to get a reissued vehicle title or registration from your local Department of Motor Vehicles.

### TAX STATEMENTS

- 12–14. Tax returns from the previous year may be required to apply for new loans and to verify qualification for income-based assistance.

### FINANCIAL ACCOUNTS

- 15–19. Include statements from all your financial accounts and credit/debit cards. These documents will include the name of the financial institution, the name of the account holder, the account number and contact telephone numbers.



#### SOURCES OF INCOME/ASSETS

20–26. Having proof of your income sources will be important if you are confronted with an event that interrupts your income. To learn more about government benefits, grants, and financial aid and to obtain any needed documentation, please visit <http://www.firstgov.gov/Citizen/Topics/Benefits.shtml>.

#### FINANCIAL OBLIGATIONS

27–35. Having a record of your financial obligations can be extremely important to demonstrate your discretionary income and to qualify for income-based assistance following a disaster. If you do not have a lease, having proof of utility payments is very important to demonstrate residence in the home.

#### Insurance

40–40. Call the claims numbers on your insurance policies to verify that the policy numbers are correct. Review your coverages to be sure that they are still adequate for your current circumstances.

#### Medical

41. Obtain a copy of your Health Insurance I.D. Cards from your health care provider.

44. A Living Will is a legal document that indicates the type of care and degree of medical intervention you would want in the event of a life-threatening medical condition. These can be obtained free of charge. Discuss this with your health care provider.

45. It is important for you to have identification records for your children, which may include dental records and child identity cards with fingerprints, recent photographs and DNA swabs.

#### Military

48–49. If you are a veteran, obtain copies of your Military DD214 — the documents for veteran benefits and enhanced social security entitlements. Copies may be obtained by contacting the US National Archives & Records Administration at 1-866-272-6272 or 1-86-NARA-NARA or by accessing Veterans Records online at [http://www.archives.gov/research\\_room/vetreocs/index.html](http://www.archives.gov/research_room/vetreocs/index.html).





## PRIVATE SECURITY/ACCESS INFORMATION

In the electronic age, many documents, accounts, and billing statements are now online. While this provides convenience, it is important to ensure that you also have hardcopy or paper documentation as well. If you bank or pay your bills electronically, be sure to periodically print records from these accounts and include these in your EFFAK.

In addition, electronic payments, credit/debit cards and software programs for taxes and other finances require a password, PIN or personal security questions as an extra measure of protection. It is important to keep these access codes secure; DO NOT include a list of passwords and PINs in your EFFAK documents.

### TIPS ON PASSWORDS AND PINs

Choosing secure passwords is one of the most important things you can do to keep your accounts safe and avoid the headaches and potential suffering caused by security breaches. Be sure to select a password or PIN that is something you will be able to remember, but that is NOT something easily associated with you, such as a birth date, phone number, nickname or other reference someone could easily discover. *Never write your password down or store it in an unencrypted file on your computer.*

And NEVER give out a password or PIN for any account to anyone, no matter who the person is or claims to be. No customer service representative, systems administrator or corporate security officer should ever ask you for your password or PIN. If someone is authorized to access your account, he or she does not need your password to get access.

### FINANCIAL ACCOUNT INFORMATION (Banks, Credit Unions, Retirement Accounts)

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Name of Institution

---

Name of Account Holder

---

Account Number

---

Web Site

### FINANCIAL ACCOUNT INFORMATION (Banks, Credit Unions, Retirement Accounts)

---

Name of Institution

---

Name of Account Holder

---

Account Number

---

Web Site

Please make additional copies of any form as required.



CREDIT/DEBIT CARD INFORMATION

---

Card Type (MasterCard, Visa, AMEX, etc.)

---

Issuer of the Card

---

Account Number

---

Expiration Date

---

Security Code (American Express: 4 digits on front of card/Visa or MasterCard: last three digits above signature)

---

Member Services Number

---

Card Cancellation Phone Number

---

Web Site

CREDIT/DEBIT CARD INFORMATION

---

Card Type (MasterCard, Visa, AMEX, etc.)

---

Issuer of the Card

---

Account Number

---

Expiration Date

---

Security Code (American Express: 4 digits on front of card/Visa or MasterCard: last three digits above signature)

---

Member Services Number

---

Card Cancellation Phone Number

---

Web Site

*Please make additional copies of any form as required.*



INSURANCE POLICIES

---

Firm/Institution Name

---

Name of Policy Holder

---

Account Number

---

Claims Phone #

---

Type of Policy

---

Coverage Period

---

Web Site

INSURANCE POLICIES

---

Firm/Institution Name

---

Name of Policy Holder

---

Account Number

---

Claims Phone #

---

Type of Policy

---

Coverage Period

---

Web Site

INSURANCE POLICIES

---

Firm/Institution Name

---

Name of Policy Holder

---

Account Number

---

Claims Phone #

---

Type of Policy

---

Coverage Period

---

Web Site

*Please make additional copies of any form as required.*



FINANCIAL OBLIGATIONS (Annual, Quarterly & Monthly Payments)

---

Payee

---

Account/Policy Number

---

Name of Account Holder

---

Payment Amount

Due Date(s)

---

Date of Final Payment (if applicable)

---

Web Site

FINANCIAL OBLIGATIONS (Annual, Quarterly & Monthly Payments)

---

Payee

---

Account/Policy Number

---

Name of Account Holder

---

Payment Amount

Due Date(s)

---

Date of Final Payment (if applicable)

---

Web Site

FINANCIAL OBLIGATIONS (Annual, Quarterly & Monthly Payments)

---

Payee

---

Account/Policy Number

---

Name of Account Holder

---

Payment Amount

Due Date(s)

---

Date of Final Payment (if applicable)

---

Web Site

*Please make additional copies of any form as required.*





