Equal Housing Lender | Member FDIC

Privacy Statement

Certificate of Deposit Application

First Name: Last Name:

Submitted on:

Online applications are currently only available to residents throughout Georgia, as well as the South Carolina counties of Jasper and Beaufort.

Privacy Policy:
Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

The bank is required to provide adequate notice to new account customers, beneficial owners and the controlling person that the bank is requesting information to verify their identities. The notice describes the bank's identification requirements and is posted in the lobby area to allow customers to view prior to opening an account. The following statement is the bank's sign:
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
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 on personal accounts identifies each person who opens an account. In addition, on legal entity accounts, we will require identification on beneficial owners and controlling person.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

If you request to open an account or become a signatory on an account with the Bank and the Bank has not previously verified your identity under the new regulatory requirements, the Bank will request documentary verification of your identity, such as driver's license or passport and/or it will verify your identity through other non-documentary methods. Similar identification requirements apply to business entities such as corporations, limited liability companies and partnerships.
In all cases, protection of our customers' identity and confidentiality is the Bank's pledge to you.
Security Notice:
You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:
1. Complete Application and click "Submit Application".
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Primary Joint Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	E-mail Address	Home Phone

Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue

Employer	Mother's Maiden Name

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Subject to backup withholding	◯ Yes ◯ No
Work Phone	

Joint Account Holder (with right of survivorship)

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your E-mail Address	Home Phone

Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue

Employer	Mother's Maiden Name

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Subject to backup withholding	◯ Yes ◯ No
Work Phone	
Account Titling Information	◯ Individual ◯ Joint ◯ In Trust For ◯ Custodial

In Trust For (required)	**Name**	**Social Security No.**
Custodial (required)	**Name**	**Social Security No.**

I/We would like to apply for the following Certificate of Deposit:	
Term	◯ 3 month ◯ 6 month ◯ 9 month ◯ 1 year ◯ 2 year ◯ 3 year ◯ 5 year
Amount $	

The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

Taxpayer Identification Number Certification: Under the 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, or

(c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or

(d) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including U.S. resident alien).

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 of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to Carver State Bank within sixty (60) days, then Carver State Bank is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the Certificate of Deposit listed above. As a Certificate of Deposit owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with Carver State Bank.

I agree to give Carver State Bank written notice immediately upon change of my name, address, or any other pertinent information contained herein.

(required)	☐ I/We AGREE with the above statement