



Equal Housing Lender | Member FDIC

[Privacy Statement](#)

## Personal Checking/Savings Account Application

First Name:

Last Name:

Submitted on:

***Currently, we are only accepting online applications from within the state of Georgia.***

**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.

## TELEPHONE, TEXT AND EMAIL COMMUNICATIONS ACKNOWLEDGEMENT

### CREDITOR

CARVER STATE BANK  
701 MARTIN LUTHER KING, JR BLVD.  
SAVANNAH, GA 31415  
Telephone: (912) 447-4200  
Organized and existing under the laws of Georgia

"We" means Creditor, agents and assignees. "You" means the Consumer.

We thank you for your business. We want to provide you with the best possible service in our ongoing business relationship for your account and all other accounts and services ("Your Account") in your name solely, jointly or as a representative of others.

To accomplish this, we may need to contact you from time to time by telephone, text messaging or email about Your Account.

In contacting you about Your Account throughout its existence, we may use any telephone numbers or email addresses that:

- You have previously provided to us by virtue of an existing business relationship;
- You have provided below; and
- You may subsequently provide to us.; and

You acknowledge that the number we use to contact you may be assigned to a landline, a paging service, a cellular wireless service, a specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You acknowledge that we may contact you by voice, voicemail, text messaging or email. You further acknowledge that we may use pre-recorded or artificial voice messages, or automatic telephone dialing systems.

If necessary, you may change or remove any of the telephone numbers, email addresses or other methods of contacting you at any time using any reasonable means to notify us. We thank you again for your business and this opportunity to serve you.

By clicking "I Consent" you agree to receive communications by telephone, text and/or email from Carver State Bank. (required)

☐ I Consent

### Primary Joint Account Holder Information

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Your E-mail Address

Driver's License No.

Driver's License State

Driver's License Expiration

Driver's License Date of Issue

Employer

Mother's Maiden Name

Home Phone

Work Phone

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No		
Joint Account Holder (with right of survivorship)			
First Name		Middle Initial	Last Name
Date of Birth		Social Security No.	Your E-mail Address
Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue
Employer		Mother's Maiden Name	
Home Phone		Work Phone	
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No		
Account Titling Information			
(required)	<input type="radio"/> Individual		
	<input type="radio"/> Joint		
	<input type="radio"/> In Trust For		
	<input type="radio"/> Custodial		
In Trust For (required)	Name		Social Security No.

Custodial (required)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name</div> <div style="width: 45%;">Social Security No.</div> </div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div>
I/We would like to apply for the following account(s):	
Checking Accounts	<input type="checkbox"/> Regular Checking <input type="checkbox"/> Premier Checking  <input type="checkbox"/> NOW Checking <input type="checkbox"/> Advantage Checking  <input type="checkbox"/> Advantage Plus Checking <input type="checkbox"/> Senior Checking  <input type="checkbox"/> Second Chance Checking <input type="checkbox"/> Other:
Savings Accounts	<input type="checkbox"/> First Savings <input type="checkbox"/> Convenience Savings
Money Market Accounts	<input type="checkbox"/> Money Market Account
Visa Check/ATM Card	<input type="checkbox"/> Visa Check Card <input type="checkbox"/> ATM Card
Visa Check Card	<input type="radio"/> 1 <input type="radio"/> 2
ATM Card	<input type="radio"/> 1 <input type="radio"/> 2

**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.

**By submitting this application,** I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account 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 understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by Carver State Bank.

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, employment or any other pertinent information contained herein.

(required)	<input type="checkbox"/> I/We AGREE with the above statement
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