



Equal Housing Lender | Member FDIC

[Privacy Statement](#)

Switch Kit

First Name:

Last Name:

Submitted on:

Currently, we are only accepting online applications from the following Georgia counties: Chatham, Bryan, Effingham, Bulloch and Liberty; 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: ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you do not have the latest version, download it now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Complete this questionnaire and click "Submit"
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.

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

County of Residence

APPLICANTS MUST RESIDE IN ONE OF THE FOLLOWING COUNTIES. In which of the following counties do you currently reside? (required)

- Chatham County, Georgia
- Bryan County, Georgia
- Effingham County, Georgia
- Bulloch County, Georgia
- Liberty County, Georgia
- Jasper County, South Carolina
- Beaufort County, South Carolina

Individual Account

Name

Street Address

Address Line 1

Address Line 2

City

State

ZIP Code

Mail Address if different

Address Line 1

Address Line 2

City

State

ZIP Code

Home Phone

Work Phone

E-mail Address

Joint Account

Name

Street Address

Address Line 1

Address Line 2

City

State

ZIP Code

Mail Address if different

Address Line 1

Address Line 2

City

State

ZIP Code

Home Phone

Work Phone

E-mail Address

Primary Account Holder Information

Social Security Number

Date of Birth

Driver's License Number

Driver's License State

Driver's License Expiration

Driver's License Date of Issue

Alternate Access Code

Employer

Position

Joint Account Holder Information

Social Security Number

Date of Birth

Driver's License Number

Driver's License State

Driver's License Expiration Date

Driver's License Date of Issue

Alternate Access Code

Employer

Position

I would like to open

- Personal Checking
- Business Checking
- Money Market
- Statement Savings

- CD
- IRA

- I/we would like an ATM/CheckCard
- I/we would like transfer capabilities at the ATM and online.
- I/we would like free online access to account(s).

Number of ATM/CheckCard Cards
