

Fax, mail, or bring a copy of this application to any of our convenient locations!



FIRST EFFINGHAM BANK
A Division of First Chatham Bank

FAX: (912) 826-5810

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 identifies each person who opens an account.

What this means for you: When you open an account, we will ask you 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.

DATE: _____ CHECKING _____ SAVINGS _____ CD _____ IRA _____

NAME: _____

SSN: _____ DOB: _____

DL# _____ STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

NO. OF YEARS AT PRESENT ADDRESS: _____

TELEPHONE NUMBER:

(HOME) _____ (WORK) _____ (CELL) _____

EMPLOYED AT: _____

DATE OF EMPLOYMENT: _____

PREVIOUS BANKING RELATIONSHIPS: _____

WERE YOU REFERRED TO FIRST EFFINGHAM BANK OR ONE OF ITS AFFILIATES?

YES _____ NO _____

I/WE AUTHORIZE FIRST EFFINGHAM BANK OR ONE OF ITS AFFILIATES TO ACQUIRE A CREDIT REPORT BEFORE OPENING THIS ACCOUNT

SIGNATURE: _____ DATE: _____

Bank Use Only

Date approved: _____ Date Denied: _____ By: _____