

Where Money Matters, But People Really Count™



INTERNET BANKING APPLICATION

If you would like to enjoy the benefits of Carver State Bank's Online Banking, please complete the information below, sign it and bring to Carver State Bank's main office. Call 912-233-9971 with any additional questions.

CUSTOMER INFORMATION:

FIRST NAME: MIDDLE INITIAL:

LAST NAME:

BUSINESS NAME:
(If applicable)

ADDRESS:

CITY: STATE: ZIP:

E-MAIL:

SOCIAL SECURITY OR TAX ID NUMBER:

DAYTIME PHONE NUMBER:

ACCOUNT INFORMATION:

Please list all accounts you wish to access through Carver State Bank's Online Banking. You MUST be an authorized signer on each account you list.

ACCOUNT NUMBER	TYPE OF ACCOUNT
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings
	___ Checking ___ Savings

REQUESTED SERVICES:

⑨ **Internet Banking Services**, includes accessing account balances, transferring money between bank accounts, paying Carver State Bank loan payments and other traditional Online Banking services. There is no charge to access these services.

⑨ **Bill Payment Services**, Allows you to pay any individual or company through Carver State Bank Online. First 90 days of usage is free of service charges. A monthly fee of \$5.00 will be assessed on the 15th of each month after the free trial period has expired. First 10 bills paid per month are included in the monthly service fee and each additional bill paid will cost \$1.00.

Primary Checking Account#:

I ACKNOWLEDGE MY RESPONSIBILITY TO HAVE SUFFICIENT FUNDS AVAILABLE IN MY ACCOUNT ON THE DATE OF TRANSFER OR A POSSIBLE LINE OF CREDIT TRANSFER, IF APPLICABLE, COULD OCCUR. IT IS ALSO AGREED THAT CARVER STATE BANK SHALL BE HELD HARMLESS FOR THE CORRECTNESS OF AMOUNTS SO TRANSFERRED. INTERNET TRANSFERS MUST BE COMPLETED BY AN AUTHORIZED SIGNER ON THE ACCOUNT. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

Signature: _____

Date: _____

Signature: _____

Date: _____

If additional signatures are required, please attach an additional sheet.

For additional information or questions regarding Carver State Bank Online services, please contact us at:

Carver State Bank
 701 M. L. King Jr. Blvd.
 Savannah, GA 31415

	DATE	INITIALS
Received By:		
Input By:		
Verified By:		
E-Mail Sent:		
Letter Sent:		
Password:		