

Arthur State Bank - **Personal Deposit Account Application**

Please submit a different application for each account you wish to open.

Please complete, print, sign and mail this completed application to:

Arthur State Bank Attn: Online Banking Dept. P.O. Box 5135 Spartanburg, SC 29304

Please include:

1. Your deposit
2. A copy of your driver's license
3. A copy of your social security card
4. Your signed application

Deposits should be in the form of a personal check (subject to holds), cashier check or money order. All applications are subject to approval and applicants must be at least 18 years of age and a South Carolina resident.

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 identifies each person who opens an account. 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.

Type of Account (Please check only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> General's Free Checking | <input type="checkbox"/> Senior's Free Checking | <input type="checkbox"/> Money Market Checking |
| <input type="checkbox"/> Super Now Checking | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Certificate of Deposit (CD)* |

*For Certificates of Deposit (CD), please list the desired term:

Terms and rates are located in the [Current Rates](#) section of our website. All CD's are automatically renewable.

Account Ownership

- | | |
|--|--|
| <input type="checkbox"/> Individual Account Holder | <input type="checkbox"/> Custodial Account (account in minor's name) |
| <input type="checkbox"/> Joint Account (with survivorship) | <input type="checkbox"/> Payable on Death (POD) |

Primary Account Owner

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Secondary Account Owner - (only for joint accounts)

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Payable on Death Beneficiary (only for POD accounts)

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

Check Order Information

Do you want your driver's license number on your checks? Yes No

Do you want your phone number on your checks? Yes No

Any special instructions? _____

Debit Card Information

Does the primary applicant need a debit card? Yes No

Does the secondary applicant need a debit card? Yes No

Additional Information - Please send me information on:

Overdraft Protection Credit Card Online Banking CheckFree Web BillPay

To apply or enroll in any of the above listed services, please visit www.arthurstatebank.com

Taxpayer ID Information

Taxpayer ID Number - The Taxpayer identification number shown above (TIN) is my correct taxpayer identification number. Yes No

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Yes No

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations. Yes No

I expressly authorize Arthur State Bank to obtain and verify any information from my employer, any credit reporting agencies, any other person or source as may be desired in connection with representations made in this application.

Yes No

Signature(s)

The undersigned agree(s) to the terms stated in this application, and acknowledge(s) receipt of a completed copy on today's date. The undersigned also agree(s) that the information in this application is accurate and true. All appropriate disclosures and account information will be mailed to the mailing address provided in this application. If the undersigned do not accept the terms of the disclosures, it is the responsibility of the undersigned, to send written notice to the financial institution, before any customer initiated account activity occurs.

Primary Account Owners Signature:

_____ **Date:** _____

Secondary Account Owners Signature:

_____ **Date:** _____