



Note: Must be a First Chatham Bank Family of Banks customer to apply. Please complete the application online, then print, sign and return to the address below or through the U.S. mail.

Account Owner/Signer Information *(On joint accounts, each signer must submit a separate application.)*

Full Name

* Address

* Address

* City, State, Zip

* Daytime Phone #/:

* E-Mail Address:

* Date of Birth:

* Social Security #:

* Account Number:

** indicates a required field*

For security and identification purposes, please complete the following:

* City of Birth:

* County of Birth:

* Mother's Maiden Name:

Signature: _____ Date: _____

By signing or submitting this form, I acknowledge that I have read and agree to the terms and conditions and I authorize First Chatham Bank to issue a temporary password on my behalf, which I must change to a private password of my choosing the first time I log into First Chatham Bank Online Banking.

Return application to any First Chatham Bank branch or mail to:

First Chatham Bank
P. O. Box 11167
Savannah, GA 31412-1367
MEMBER FDIC

Upon receipt of completed application, an Online Banking Welcome Letter will be mailed to the applicant to the address on file with FIRST CHATHAM BANK. This letter will include your first time logon instructions and temporary account Access ID and Password.

First Chatham Bank Use Only **Accepted by (Branch personnel)** _____

Date Rec _____ TB User Code _____ Port # _____ Date Processed _____ By _____