Deposit Account Application

☐ Online Banking

☐ Teletouch Banking



Together With You Account I want to open: ☐ Value Checking ☐ Regular Savings ☐ Penny Savers Club ☐ Super Saver ☐ Regular Checking ☐ Vacation Club ☐ Interest Checking ☐ Christmas Club ☐ Club Blue Checking Please bring a current photo I.D. If you are closing an existing account, please bring a current bank statement. Information about Primary Applicant Full Name Street Address _____ City _____ State ____ Zip Home phone_ Social Security Number_____ Driver's License or other ID number Date of Birth _____ Your Employer Work Phone E-mail _____ New Customers Only: Previous Financial Institution Previous address (if less than 2 years) Information about Co-Applicant: Full Name Street Address _____ City State Zip Home phone_____ Social Security Number_____ Driver's License or other ID number _____ Date of Birth _____ Your Employer_____ Work Phone E-mail I am interested in learning about these additional HCSB products: ☐ ATM/Debit Card ☐ Trust Services Overdraft Protection ☐ Certificates of Deposit ☐ Automatic Transfer Services ☐ IRAs ☐ Safe Deposit Box ☐ HCSB Credit Card

☐ Consumer Loans

☐ Residential Real Estate Loans