ONLINE BANKING APPLICATION

You may return this signed application to any PrimeSouth Bank location or fax to (334) 283-4422 or email to contactus@primesouthbank.com

Name of Account Owner	
Social Security Number	**Date of Birth**
Mailing Address	
City, State, Zip	
Phone (Day)	**Phone (Night)**
E-mail Address (Required) **Please Print Clearly**	

ACCOUNT NUMBER	TYPE OF ACCOUNT

By submitting this application, I understand that I am applying for the services selected above. I agree that my use of these services will be subject to and governed by the terms and conditions of the accounts agreement(s) received at the time I opened the account(s), as amended from time to time.

By signing below, I understand that only the individual signing below is authorized to use the Online Banking Services requested above and authorize the bank to debit my accounts in accordance with any instructions that I may give to the bank using the service selected above. I understand and agree that the bank shall not be obligated to process any transaction using any of these services if the bank is unable to verify the identity of the person initiating the transaction, or there is a telecommunications error or malfunction or other system outage.

I authorize the bank to request and obtain, from time to time, consumer reports from consumer reporting agencies and/or other information about me from their parties to determine my eligibility for the services selected above.

Mother's Maiden Name:

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Signature of Account Owner **Date**

Preferred user ID (if you do not select an ID, one will be assigned to you)