



# Welcome To Community Bank of the South!

~ Personal New Accounts Application ~

Thank you for banking with Community Bank of the South. We appreciate your business and look forward to assisting you with your financial needs. Please take a moment to let us know a little about you.

**I would like to receive more information about the following bank products/services:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Checking Accounts         | <input type="checkbox"/> Visa® Check Card           | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Online Banking & Bill Pay | <input type="checkbox"/> Mortgage/Refinance         | <input type="checkbox"/> Savings Options  |
| <input type="checkbox"/> Overdraft Protection      | <input type="checkbox"/> Certificate of Deposit     | <input type="checkbox"/> Credit Card      |
| <input type="checkbox"/> Auto/Personal Loans       | <input type="checkbox"/> Home Equity Options        | <input type="checkbox"/> Commercial Loans |
| <input type="checkbox"/> Trust/Investment Options  | <input type="checkbox"/> Commercial Account Options |   |
| <input type="checkbox"/> Other _____               |   |   |

**How did you hear about Community Bank of the South? Check at least one:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Existing Customer  | <input type="checkbox"/> Newspaper          | <input type="checkbox"/> Sign or banner |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Direct Mail        | <input type="checkbox"/> Internet       |
| <input type="checkbox"/> Radio              | <input type="checkbox"/> Referred by: _____ |   |
| <input type="checkbox"/> Other: _____       |   |   |

**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 banks 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.

**Opening Deposit:** \$ \_\_\_\_\_

**Source of Funds:** Cash \_\_\_ Check \_\_\_ Internal Transfer \_\_\_ (Account # \_\_\_\_\_)

**FIRST OWNER INFORMATION**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City, State & Zip code)

Mailing Address: \_\_\_\_\_  
(If different) (Street) (City, State & Zip code)

SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State & Zip code)

Elementary School Attended: \_\_\_\_\_ Previous Bank: \_\_\_\_\_

Nearest Relative (not living with you): \_\_\_\_\_ Telephone # \_\_\_\_\_

SECOND OWNER INFORMATION

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different) (Street) (City, State & Zip code)

SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City, State & Zip code)

Elementary School Attended: \_\_\_\_\_ Previous Bank: \_\_\_\_\_

Nearest Relative (not living with you): \_\_\_\_\_ Telephone # \_\_\_\_\_

**I/we hereby make application to hold an account with the Community Bank of the South and agree to conform to its by-laws and amendments thereof. I/we certify that the information provided on this application is true and correct. By signing below, I/we agree to the terms and conditions of the account agreement; Truth-In-Savings Rate and Fee Schedule. Funds Availability Policy Disclosure, and to any agreements and disclosures applicable to the Accounts and Services requested. I/we authorize Community Bank of the South to obtain credit reports and any such information as may be required concerning statements made.**

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your business!*