

INTERNET BANKING AGREEMENT

DATE _____

I, HEREBY GIVE FNB SOUTH AUTHORITY TO HAVE MY ACCCOUNT(S) LISTED BELOW ADDED TO THEIR INTERNET BANKING PRODUCT AT THE WEBSITE ADDRESS OF **WWW.FNBSOUTH.NET**.

THIS WILL GIVE ME ACCESS TO MY ACCOUNTS AT ANYTIME THROUGH ANY COMPUTER CONNECTED TO THE INTERNET BY USING MY CONFIDENTIAL USER NAME AND PASSWORD. THIS WILL ALSO ALLOW ME ACCESS TO THE AUTOMATED BILL PAYMENT PORTION OF THE INTERNET BANKING SITE IF I HAVE ENROLLED.

GUARD YOUR PASSWORD CAREFULLY!

I UNDERSTAND THAT IF I GIVE MY PASSWORD TO ANYONE ELSE THEY WILL BE ABLE TO ACCESS ALL INFORMATION ALONG WITH MAKING TRANSFERS TO AND FROM MY ACCOUNTS AS WELL AS USING THE BILL PAYMENT FUNCTION IF ACTIVATED ON MY ACCOUNT. I ALSO UNDERSTAND THAT IF I DO GIVE OUT MY PASSWORD I WILL BE RELIEVING FNB SOUTH OF ALL LIABILITY OF MY ACCOUNT INFORMATION BEING ACCESSED BY SOMEONE OTHER THAN MYSELF.

CUSTOMER NAME _____

SOCIAL SECURITY _____

ADDRESS _____

LOG IN NAME _____

PHONE _____

E-Mail Address _____

ACCOUNTS _____

ACCOUNTS _____

DO YOU WISH TO BE ENROLLED IN THE AUTOMATED BILL PAYMENT? YES ___ NO ___

DO YOU WISH TO RECEIVE YOUR BANK STATEMENTS ELECTRONICALLY? YES ___ NO ___

REMEMBER YOU MUST HAVE A VAILD EMAIL ADDRESS LISTED ON YOUR INTERNET BANKING ACCOUNT TO RECEIVE YOUR STATEMENTS AND OTHER NOTICES FROM FNB SOUTH ELECTRONICALLY!

CUSTOMER SIGNATURE _____

EMPLOYEE SIGNATURE _____