

Central Virginia Bank

CVB Online Enrollment Form

Please Print or Type Account Owner(s) / Authorized User(s) Information:

Name: _____
 First M iddle Initial Last Social Security Number

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Address: _____

City, State, Zip: _____

Telephone (Home): _____ Teleph one (Work): _____

Account Verification: _____
 Mother's Maiden Name

E-mail Address: _____

(1)	Account Number	Account Type (2)	Account Title (Pseudo Name)

For additional accounts please use back of form.

- (1) Please indicate one of your checking accounts to be your "Primary Account" by placing a "P" in the first column. This will be the account that all Fees, if any, will be charged, and MUST be a Checking Account.
- (2) D= Checking or Interest Checking M= Money market Checking L= Loan CD= Certificate S= Savings

I / We want to sign up for CVB Online Bill Payment Service.

Yes _____ No _____
 (Please make one selection and initial your choice)

I / W e certify that the inf ormation provided herei n is true and corr ect. I / W e authorize Centra l Virginia Ba nk to verif y any of the information included on this Enrollment Form, and to allow access to the account(s) listed through CVB Online to the Account Owner(s) and / or Authorized User(s) listed above.

I / W e the un dersigned Acc ount O wner(s) / Authorize d User(s) hav e received, rea d and agree to t he terms, con ditions, fees a nd disclosures set forth in the INTERNET BANKING AGREEMENT AND ELECTRONIC FUNDS TRANSFER ACT NOTICE.

Central Virginia Bank does not offer this product to children under thirteen (13) years of age.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____