

# Central Virginia Bank

## CVB Online Enrollment Form

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

Name: \_\_\_\_\_  
First Middle Initial Last Social Security Number

Name: \_\_\_\_\_  
First Middle Initial Last Social Security Number

Name: \_\_\_\_\_  
First Middle Initial Last Social Security Number

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

City, State, Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (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 / We certify that the information provided herein is true and correct. I / We authorize Central Virginia Bank to verify 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 / We the undersigned Account Owner(s) / Authorized User(s) have received, read and agree to the terms, conditions, fees and 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