

Central Virginia Bank

CVB Online Business Enrollment Form

Please Print or Type Account Owner(s) / Authorized User(s) Information and return completed form to:
CVB Online Business Administration
Central Virginia Bank
P. O. Box 39 Powhatan, VA 23139

Business Name: _____

Authorized Users: _____ Taxpayer ID Number _____

Name: _____
First M Middle Initial Last Social Security Number

Name: _____
First M Middle Initial Last Social Security Number

Address: _____

City, State, Zip: _____

Telephone (Business): _____ Telephone Home (Other): _____

Account Verification: _____

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 to which all Fees, if any, will be charged, and MUST be a Checking Account.

(2) D= Checking M= Money market Checking L= Loan CD= Certificate S= Savings

I / We want to sign up for the CVB Online Business 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 Business to the Account Owner(s) and / or Authorized User(s) listed above.

I / We the Individual(s) authorized in accordance with the current Corporate Banking Resolution or Certificate of Authority to establish Deposit Accounts on file at Central Virginia Bank, have received, read and agree to the terms, conditions, fees and disclosures set forth in the INTERNET BANKING AGREEMENT AND DISCLOSURE.

Signature Title Date _____

Signature Title Date _____

Signature Title Date _____