ONLINE BANKING/BILL PAY APPLICATION

Last Name | First | MI | Social Security # / Federal Tax ID #

Current Address | City | State | Zip Code + 4

E-Mail Address

ONLINE BANKING

List below all accounts that you are a signer on and would like to be able to have access to. List the description you would like to use for each account you have selected. We will not pass any of your account numbers over the internet, nor will any of our employees ask you for any account numbers over the internet.

Examples of some account descriptions you might like to use; CHECKING, SAVINGS, TRUCK LOAN, HOME LOAN, etc. No more than **20 characters** may be used including blanks. **Do not repeat** account descriptions or use special characters.

Account # _____ Account Description _____ Allow Transfers ❑ Yes ❑ No

Account # _____ Account Description _____ Allow Transfers ❑ Yes ❑ No

Account # _____ Account Description _____ Allow Transfers ❑ Yes ❑ No

Account # _____ Account Description _____ Allow Transfers ❑ Yes ❑ No

PLEASE READ BEFORE SIGNING

I certify that the information provided is true and correct. I authorize Chesapeake Bank to verify any information included in this application and allow access to all the accounts I may be a signer on listed above. The use of **ONLINE Banking** shall be governed by the printed terms and conditions of the **ONLINE Banking** AGREEMENT AND DISCLOSURES and such other terms and conditions or amendments thereto, as may be established by Chesapeake Bank and communicated in writing to me.

By indicating above that you would like to enroll in Online Banking, and by signing below, customer agrees to the same terms stated above and acknowledges receipt of the **ONLINE Banking** Agreement and Disclosure statement.

BILL PAY

❑ I would like to pay bills from the following checking account(s): **(excludes Money Market and Demand Money Trust accounts)**

Checking Account #: _____ Checking Account #: _____

PLEASE READ BEFORE SIGNING

I would like to enroll in Chesapeake Bank's **ONLINE Bill Payment** service. I understand that I will be responsible for determining the payee of such payments, the scheduled pay date, the account to be used for bill payment and the availability of funds in my account. I understand that any payment made without sufficient funds in my account will be returned and my account will be charged overdraft fees. I also understand that electronic bill payment may take the form of a check and may take up to 5 days to reach the payee. Chesapeake Bank is not liable for late charges or other penalties associated with late receipt of my payment by the payee other than that liability described on page 3 of the Bill Pay Agreement and Disclosure Statement—see "Payment Guarantee". I understand I must pay a bill using the Bill Pay service within 90 days of enrollment, or the Bill Pay service will be terminated. If at any time I desire to discontinue **ONLINE Bill Payment**, I may do so upon written notification to Chesapeake Bank, P. O. Box 1419, Kilmarnock, VA 22482, Attention: **ONLINE Bill Payment.**

By indicating above that you would like to enroll in Bill Pay, and by signing below, customer agrees to the same terms stated above and acknowledges receipt of the **ONLINE Bill Pay** Agreement and Disclosure statement.

Customer Signature _____ **Date** _____

FOR BANK USE ONLY:

Employee Name: _____ Branch: _____ Date: _____

Online Banking ID: 6244 _____ Entered by: _____ Date: _____