



Commercial Bill Pay Application

Business Name _____ Tax ID# _____

Type of Business Sole Prop. Corporation Limited Liability Corp. Other _____

Annual Sales _____

Principal _____ SSN _____

Principal _____ SSN _____

Mailing Address _____
Street/PO Box City, State, Zip

Business Telephone _____ E-mail Address _____

Bill Payment Request

I/we request Commercial BillPay There is no monthly charge and no activity charge.

Bill Payment Checking Account# _____

Acceptance: By signing this application, I/we agree to the terms of the *Schedule of Service Charges*, and other disclosures as applicable governing such accounts or services as amended from time to time. We also agree: 1) Reimbursement: The Account holder will immediately provide available funds to indemnify the bank if any entry is rejected after the bank has permitted the account holder to withdraw immediately available funds in the amount thereof or if any adjustment memorandum that relates to any such entry is received by the bank. 2) Indemnification by account holder: Account holder will immediately indemnify the bank if the bank incurs any loss or liability, with respect to any entries initiated by or on behalf of the account holder, except loss incurred solely due to the banks own negligence. 3) Disclaimer of liability: In the event the account holder incurs any loss due to mishandling of a particular entry or entries, the bank's liability to the account holder shall be limited to (i) liability for its own negligence or willful misconduct and (ii) the amount recoverable by the bank, or any third party pursuant to the rules of any indemnity agreement. In no event shall the bank be liable to the account holder for any damages, including lost profits, lost savings or other direct, indirect, incidental, special or consequential damages. The bank may obtain any credit information on the applicant and any principals it deems necessary in processing this request.

By selecting the Bill Payment Service, I/we authorize Legacy Banks, as applicable, or agent to post payment transactions through the Internet from the Bill Payment Service to the checking account shown on this application. I understand that payments may take up to five (5) business days (if the payment is made by check) or three (3) business days (if the payment is made electronically) to reach the vendor. I understand that I/we am/are responsible for any loss, penalty or fees that may be incurred due to lack of funds in my/our account. If I/we fail to comply with the terms and conditions governing this service, it may be discontinued. My/our use of the Bill Payment Service signifies acceptance of the terms and conditions governing the service. If I/we decide to discontinue the service, written notice will be provided to Legacy Banks.

All Account Owners or Authorized Signers Must Sign This Application

Principal _____ Principal _____

Title _____ Title _____

Date _____ Date _____

Please return to your local branch office or mail to Legacy Banks, PO Box 1148, Pittsfield MA 01202 Attn: Electronic Banking

Bank Use Only

Approved By _____ Branch _____ Date _____ Processed By _____ Date _____