



Commercial Electronic Banking Application- Business 101, Community Checking, Business 201 & Corporate Checking

Business Name _____ Tax ID# _____

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

Annual Sales _____

Principal _____ SSN _____ Mother's Maiden Name _____

(see * below)

Principal _____ SSN _____ Mother's Maiden Name _____

Mailing Address _____

Business Telephone _____ Street/PO Box _____ City, State, Zip _____
E-mail Address _____

Bill Payment Request

Available for Sole proprietors only

I/we request Bill Payment Services. For Business Checking 101 there is no monthly charge and no activity charge provided the checking account's aggregate transactions are 101 or fewer in a given statement cycle. Excess transactions are assessed at \$.40 each.

I/we request Bill Payment Services. For Business Checking 201, there is no monthly charge and no activity charge provided the checking account's aggregate transactions are 201 or fewer in a given statement cycle. Excess transactions are assessed at \$.55 each

I/we request Regular Business Checking. There is no monthly charge and no activity charge.

Bill Payment Checking Account# _____

ATM/Check Card Request

Card Number _____

I/we request ATM services (standard daily limit is \$250.00) Other limit \$ _____

I/we request ATM/Check Card services (standard daily ATM limit is \$250.00; purchase limit is \$400.00)

Other ATM limit \$ _____ Other Purchase limit \$ _____

Account # _____ Account # _____ Account # _____

*ATM/Debit card will be issued *ONLY* to the principal(s) of the business in accordance with the resolution on file with the bank. If the business is a sole proprietorship only the individuals name will appear on the card.

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 _____

Bank Use Only

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

Member FDIC / Member DIF

revised: CG-122-03/06