

Chain Bridge Bank



EASYLINK BANKING APPLICATION

Name: _____ Date: _____

Daytime Phone: _____ Email address: _____

Add/Delete:	Acct number _____	Type _____	Acct number _____	Type _____
	Acct number _____	Type _____	Acct number _____	Type _____
	Acct number _____	Type _____	Acct number _____	Type _____
	Acct number _____	Type _____	Acct number _____	Type _____
	Acct number _____	Type _____	Acct number _____	Type _____

I understand that Chain Bridge Bank will rely and act on instructions it receives through EasyLink from any persons established as User (s). All such instructions will be considered as having been given to the Bank and shall have the same authority as the authorized written signature of the accountholder. I understand that it is my responsibility to safeguard any sign-on authorization codes and should notify the Bank immediately at 703-748-2005 if one is compromised.

Customer signature: _____ (Must be authorized signer on account)

Bank Use only

Date Received: _____ NTID #: _____ PIN: _____ CIF #: _____

Entered by: _____ Date: _____

Print, sign, & fax to 703-748-2007

Within 48 hours of receipt of this request you should receive an email with your temporary User ID and password.