

CENTURY BANK OF FLORIDA
INTERNET BILL PAYMENT AND BANKING
AUTHORIZATION AGREEMENT

In this agreement, "I, me and my" refer to the person or persons signing this Agreement. "Account(s)" refers to my checking and/or savings account, which is listed below and from which my bills will be paid. "Bank " refers to CENTURY BANK OF FLORIDA. "Century Connection" refers to the Internet service. "PC" refers to personal computer or other terminal device providing connectivity to the Internet.

1. I hereby authorize Bank or its authorized agent to make payments to creditors for me, as I may authorize by **Century Connection** from time to time and also authorized Bank to post such payments to my account
2. I understand the Bank or its authorized agent will use reasonable efforts to ensure payments reach creditors on time but cannot guarantee the time a payment will be posted by a creditor. Bank or its authorized agent will use reasonable effort in ensuring creditors reverse any service fee or late charge that is related to a payment processing error. I also understand the Bank of its authorized agent will not be responsible for any loss or penalty that I may incur due to lack of insufficient funds or other conditions that may prevent the withdrawal of funds from my account.
3. I understand that Bank will **NOT CHARGE FOR THE BASIC INTERNET BANKING SERVICE**. I also understand that there will be a charge of \$5.95 per month for the bill payment service, with an additional charge of \$.50 for each bill payment in excess of 10 per monthly statement cycle. Bank my not change the above rates without at least 30 days prior notice. If the Bank does begin charging for the basic Internet Banking service, it will be debited from the authorized account below.
4. I hereby agree to and accept all terms and conditions outlined in the User Terms and Conditions on the reverse of this document and acknowledge receipt of the Electronic Funds Transfer disclosure.

RETURN SIGNED FORM TO FAX: 813-962-0534 FOR MAIL TO P.O. BOX 17704 TAMPA FL 33682-7704

Date:	Last Name:	First Name:
Co-Owner Name:		
Street Address:	City:	State: Zip:
Checking Accounts:	Select Option:	View Only Make Transfer
Checking Accounts:	Select Option:	View Only Make Transfer
Savings/Money Market Account:	Select Option:	View Only Make Transfer
CD or Loan Account:	Select Option:	View Only
Designated Account for Bill Payment and Fees:		
Social Security Number of Primary Owner:		
E-Mail Address:		
Account Owner's Signature: _____ Print Name: _____		
Co-Owner's Signature: _____ Print Name: _____		
Bank Use Only		
The above signer(s) is authorized to conduct transactions on these accounts.		
Account Officer Signature: _____		
Customer CIS Number:	Opened By:	