

Industrial Bank <u>Commercial Internet Banking Application</u> Schedule/Addendum (A) 1 of 2					
Company Information Business Name:					
ddress:	City, State, Z	Zip:			
Tax ID Number: Company Email Address:					
	P <u>rimary User (Must be a signer)</u> Last Name:	Title:			
Primary Phone:	Secondary P	Phone:			
Company Email Address	5:				
	<u>ntification purposes, please con</u> Favorite Number				
	Favorite Number				
Ple	ease provide a Security Question	n and Answer:			
	ease provide a Security Question				
Security Question:	· · · · · · · · · · · · · · · · · · ·				
Security Question:					
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Please provide the following Services:

View Account Information, Statements, & Images of Checks (Free)	Internal Funds Transfer (Free)
Corporate Bill Pay (Free)	Online Wire Transfer Request (Charge: 12:00) Wire Agreement required
ACH File Transfer (Charges: .10 ACH/Per Item \$20.00 Per File Transfer Fee & a (\$250 one-time set up fee for software) Master Agreement required Service Charge Account Number:	Stop Payment (Charge:15.00) Service Charge Account Number:

The Company has reviewed Industrial Bank's Master Internet Banking Service Agreement, amended from time to time, and agrees to be bound by all conditions and to pay all fees and charges imposed by the Bank in connection with the Account (s) and the service selected above. All of the selections set forth above have been duly authorized and agreed to by the Company and shall apply to and be binding upon all successors to the Company without the need or requirement of any subsequent ratification by any such successor. The Company hereby agrees to hold Industrial Bank harmless in the event its authorized employee/representative misuses or defrauds company funds. The Company will be required to promptly notify the Bank so that appropriate action can be taken to prevent further loses to the Company. The Company agrees to hold Industrial Bank harmless and accepts sole responsibility for transferring funds from and into its separate accounts.

By:	Date:		
Print Name:		(Authorized signer (s) on the accounts)	
Branch Office Use			
Schedule A accepted by:			
Print Name:	Bank Representative Signature	Date:	

NO

Date:

-	
Reviewing Manager's Signat	ura ·
Reviewing Manager 5 Signat	uic.

() YES

Cash Management Office Use

Signature Card Attached

Schedule A accepted by:				
Date Received:Time Received:	Accounting Branch Service Charge Cycle			
Signature Card Attached O YES	O NO			
Cash Management Representative:	Client Number:			