

Business Name	Company Tax ID Number		
Address	City	State	Zip Code

Park Bank Business Express allows you to initiate Funds Transfer requests between your Park Bank accounts. It also allows the ability of initiating Funds Transfers from your Park Bank account to an account at another financial institution or from an account at another financial institution to your Park Bank account using the ACH system. ACH transfers and limits are subject to approval by Park Bank. This form is available to make changes to your Business Express Funds Transfer service by visiting our website at www.parkbankonline.com. Click on "Business Banking," then "Apply for Business Express." Download the Funds Transfer Form and fax to 414-466-6600.

Account Type*	ABA Number	Account Number	Account Type	ABA Number	Account Number
EX <u>(Checking)</u> / Savings	075123456	0087654321	<u>(Checking)</u> / Savings	075543210	0012345678
1 Checking / Savings			Checking / Savings		
2 Checking / Savings			Checking / Savings		
3 Checking / Savings			Checking / Savings		
4 Checking / Savings			Checking / Savings		
5 Checking / Savings			Checking / Savings		
6 Checking / Savings			Checking / Savings		
7 Checking / Savings			Checking / Savings		
8 Checking / Savings			Checking / Savings		
9 Checking / Savings			Checking / Savings		
10 Checking / Savings			Checking / Savings		

*List any additional accounts on reverse side.

Please specify the account to be used for any ACH return items:

075000666

Park Bank ABA Number

Park Bank Account Number

Authorized ACH Representatives — The Customer certifies that the individuals listed below are the Authorized ACH Representatives of this Company. These representatives are authorized to add, amend, and delete entries and/or files.

Name	Title	Signature	Phone Number
Name	Title	Signature	Phone Number

Emergency Contact — Below is the key contact for Park Bank to call in the event of a processing emergency.

Name	Title	Phone Number

The Customer authorizes Park Bank to accept and make available these Funds Transfer requests through Park Bank Business Express. The Customer agrees to pay for each ACH transaction initiated and understands that this charge may be analyzed as part of their monthly account analysis (see fee schedule for current fees). The Customer understands that the ACH system may be used for Funds Transfer requests external to their accounts at Park Bank and agrees to the terms and conditions for use of the ACH system as provided within the Park Bank Online Services Agreement Booklet. The Customer is also aware that Funds Transfer setup must be approved by Park Bank prior to use and that, if approved, each external transfer is subject to a 10-day prenotification period before use.

Date

Customer Name (Please print)

X
Customer Signature (Sole Proprietor)

by: _____
Authorized Signer

Title

by: _____
Authorized Signer

Title

Please return to your branch office, fax to 414-466-6600, or mail to us at: Park Bank Business Express, Cash Management, 7540 West Capitol Drive, Milwaukee, WI 53216

BANK USE ONLY

Bank Number	Customer's ACH Limit
042	
Banker Name	Banker Signature



FUNDS TRANSFER FORM

ADDENDUM I

Business Name _____

Account Type*	ABA Number	Account Number	Account Type	ABA Number	Account Number
11 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
12 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
13 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
14 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
15 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
16 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
17 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
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24 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
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31 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
32 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
33 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
34 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
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39 <i>Checking / Savings</i>			<i>Checking / Savings</i>		
40 <i>Checking / Savings</i>			<i>Checking / Savings</i>		

Date

Customer Name (Please print)

by: _____
Authorized Signer

by: _____
Authorized Signer

X

Customer Signature (Sole Proprietor)

Title

Title