Correspondent Banking Services Schedule

National Cooperative Bank

IMPORTANT: These Treasury 24/7 and GFX Wire System authorizations supersede any authorizations previously submitted to NCB. This Correspondent Banking Services Schedule will remain in effect until NCB receives an updated Correspondent Banking Services Schedule.

BASIC INFORMATION

Credit Union Name _____ Routing Number _____ NCB Settlement Account Number _____

Contact Person _____ Title _____ Phone _____ Email _____

Treasury 24/7 Online Banking Services

Credit Union Administrator Name _____ Title _____ Phone _____ Email _____

The above listed Credit Union Administrator has administrative rights including granting access, unlocking passwords, and assigning account views for all subusers in the credit union's online banking portfolio. In the event the above listed Credit Union Administrator is temporarily unavailable to complete their administrator responsibilities the Temporary Successor Administrator listed below can assume the role, upon written request from an authorized signer of the Application and Banking Services Resolution on file at NCB. When the above Administrator is available to resume his/her responsibilities an authorized signer of the resolution can submit a written request for the administrator's rights to be moved back to the Credit Union Administrator.

Temporary Successor Administrator Name _____ Title _____ Phone _____ Email _____

GFX WIRE SYSTEM USERS (RSA HARD TOKEN WILL BE ISSUED FOR EACH INDIVIDUAL LISTED BELOW) Attach additional page if necessary.

Wire Email Notification Recipient(s): ☐ Group Group Email Address:_____

☐ Individual(s) For individual(s) select Wire Notifications below.

Authorized Users	Transaction Non-Repetitive $ Limit	Transaction Repetitive $ Limit	Daily $ Limit	Initiator	Approver	Inquiry Only	Wire Notifications	Email Address	Phone Number

The customer hereby agrees to the terms and conditions as outlined in the"Master Service Agreement for Settlement and Correspondent Banking Suite" Agreement, and all applicable Terms and Conditions governing Correspondent Banking Services.

Authorized Signer's Name _____ Signature _____ Date _____

Authorized Signer's Name _____ Signature _____ Date _____
(Authorized Individuals on "Application and Banking Services Resolution")

EMAIL COMPLETED FORM TO: correspondent_services@ncb.coop

PRINT FORM AND FAX TO: (937) 393-9629

PRINT FORM AND MAIL TO: NCB
Attn: Correspondent Services
599 G Harry Sauner Road
Hillsboro, Ohio 45133

INTERNAL DEPARTMENT BANK USE ONLY

Associate Name _____ Date documents received _____ Date Service(s) Implementation Completed _____

Comments/Instructions: _____

FDIC Banking products and services provided by National Cooperative Bank, N.A. **Member FDIC.**