

Account Transfers

List any accounts that transfers will be made between and all users that are authorized to complete these transfers.

| | | | | |
|------|--|----------------------|---|----------------------|
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |
| USER | <input type="text" value="1 2 3 4 ALL"/> | <input type="text"/> | ➔ | <input type="text"/> |
| | | <i>From Account</i> | | <i>To Account</i> |

Acknowledgement

The person(s) who sign below certify that they are authorized to act on behalf of the business named above. They certify that all information provided about the business is complete and correct.

Signature

Title

Date

Signature

Title

Date

Notice

Please mail this application to the State Bank of New Prague at 1101 First Street SE New Prague, MN 56071 or fax it to (952)758-5058. Once we review your application, you will be mailed a Business Online Banking User Agreement to review, sign, and return to the State Bank of New Prague, as well as an Access ID and Password to sign on to Business Online Banking. If you have any additional questions, please contact Customer Service at the State Bank of New Prague (952)758-4491.