



ATTENTION

If you utilize a Third Party Service Provider (TPSP),
please complete the following page:

*First State Bank
ACH Origination
Third Party Service Provider
Addendum*

If you do **NOT** utilize a Third Party Service Provider,
you may disregard the following page.

Contact FSB Operations Department with any questions.



FIRST STATE BANK
ACH ORIGINATION
THIRD PARTY SERVICE PROVIDER
ADDENDUM

This Addendum is made part of the ACH Origination Agreement (as amended and/or supplemented, this "Agreement") between _____ ("Customer") with its principal place of business at _____ and FIRST STATE BANK ("Bank") with its principal place of business at 505 Second Street , Webster City, IA.

Customer uses the following Third Party Service Provider (TPSP) to transmit ACH files on their behalf to First State Bank.

Third Party Service Provider Name _____

Third Party Service Provider acknowledges the following:

- TPSP agrees to comply with NACHA Rules as related to ACH Origination activities conducted for Customer within Bank's Business Online Banking.
- TPSP has reviewed Bank's ACH Origination Agreement with Customer and agrees to comply with the provisions of the Agreement.

Customer acknowledges the following:

- Employees of TPSP are granted access to ACH Origination within Business Online Banking on behalf of Customer only as directed by Customer on the Authorized User form provided to Bank.
- If needed, Customer must contact Bank in order to terminate TPSP's access to Business Online Banking. Customer may be asked to follow any verbal request with a written request.
- Regardless of the terms of any agreement between Customer and TPSP, Customer is responsible for compliance with the NACHA Rules and Bank's ACH Origination Agreement as related to all ACH Origination activities, including those conducted by TPSP.
- Any entries transmitted by TPSP to Bank on behalf of Customer through Business Online Banking shall be deemed to have been authorized and initiated by Customer.

ACH ORIGINATOR - FSB CUSTOMER

THRID PARTY SERVICE PROVIDER

Signature: _____
Printed Name: _____
Company: _____
Title: _____
Date: _____

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Printed Name: _____
Company: _____
Title: _____
Date: _____