



External Transfer Service Application

I am applying for authorization to transfer funds between my checking/savings account(s) at Superior National Bank & Trust and my checking/savings account(s) held at other Financial Institutions.

I acknowledge that the initiation of automated transfers among my account(s) must comply with US law.

Please complete this application, print, sign and return to any Superior National Bank & Trust office or mail to PO Box 450, Hancock, MI 49930, or fax to 906-482-2930.

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO
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CURRENT ADDRESS	CITY	STATE, ZIP	HOME PHONE
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CELL PHONE	WORK PHONE
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ONLINE BANKING ID	E-MAIL ADDRESS
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PLEASE READ BEFORE SIGNING:

I certify that the information provided is true and correct and I/we are at least 18 years of age. I authorize Superior National Bank & Trust Company to verify any information included in this application. The use of External Transfer Services shall be governed by the terms and conditions of the "Online Banking Agreement and Disclosure" which I have read before filling out this application (located at <https://www.snb-t.com/forms-disclosures.htm> and any Superior National Bank office). I understand that External Transfers can only occur between deposit accounts and can take up to three business days to settle to the receiving account. Other terms and conditions or amendments thereto, that may be established by Superior National Bank & Trust Company and communicated to me in writing, will be applicable.

Superior National Bank & Trust Company is authorized to obtain credit bureau reports and verify employment. I/we acknowledge that if this account is approved, the account will be governed by Superior National Bank & Trust Company's Rules for Deposit Accounts and Funds Availability Policies and any amendments and changes to them.

The Undersigned agrees to the terms stated above,

Signature	Date
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Signature	Date
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Thank you for your business.