

NICOLET NATIONAL BANK
TREASURY MANAGEMENT SERVICES ENROLLMENT AND AUTHORIZATION

Primary Customer Name: NICOLET TEST CORPORATION

Tax ID: 765432109

Date: 04/21/2025

Relationship Manager: NICOLET RELATIONSHIP MANAGER

On behalf of the company indicated above ("you"), the undersigned hereby requests to be enrolled in each of the Treasury Management Services as listed below.

Designation of Authorized Signers, Delegates and Authorized Users

The individuals identified below are Authorized Signers, Delegates or Users for the above-named company. You understand and agree that:

Authorized Signers may execute any documents requested by the Financial Institution concerning any service, and may amend, cancel, confirm, or verify the authenticity of any instruction to Financial Institution for any Service, whether given orally, electronically, or by facsimile. Authorized Signers may grant or revoke access to any such person as he or she deems appropriate, and they may designate one or more persons as a 'Delegate'.

A Delegate, acting alone, without further authority from an Authorized Signer, may execute any documents requested by Financial Institution concerning the Service for which the Delegate is granted access rights, including, but not limited to, designating one or more persons (which may include delegating him or herself) to initiate, amend, cancel, confirm, or verify the authenticity of any instruction to Financial Institution for the Service, whether given orally, electronically, or by facsimile. A Delegate may authorize or revoke any authorization granted to any such person as he or she deems appropriate, which includes granting or revoking the authority of any Authorized Users.

Authorized Users will be capable of accessing all functions and features of services, as authorized by an Authorized Signer or Delegate.

Employee Name	Role	Email Address	Work Phone	Cell Phone
NORMA NICOLET	Authorized Signer	norma@nicoletbankcom		
NIKI N NICOLET	Delegate	niki@nicoletbank.com		(555) 555-5555

Delegate Authority		
NIKI N NICOLET	Business Name	Services
	NICOLET TEST CORPORATION	All Services

TREASURY MANAGEMENT SERVICE SCHEDULE

Below is a list of Treasury Management Services and the desired configuration of each service. If you require changes to these services, please submit your requests to treasurymanagement@nicoletbank.com or contact us at 855-451-4793.

eStatement Notifications	
Client Name	Email
NICOLET TEST CORPORATION	testcorporation@gmail.com
NORMA NICOLET	norma@nicoletbank.com
Online ACH Origination	

Dual Control Enabled		Allowed Originating ACH SEC Codes	
No		CCD, PPD	
NICOLET TEST CORPORATION			
ACH Origination TIN		ACH Origination Risk Limit	File Origination Purpose
888888888		\$75,000	Payroll
ACH Submission/Approval Emails		ACH Origination Notice of Change/Return Emails	
		norma@nicoletbank.com	
Account Number		Account Nickname	
660134041		Test Acct 2	
1010142609		Test Acct 1	
Remote Deposit Capture			
Daily Deposit Limit		Depositing US Dollar Canadian Checks	
\$25,000		No	
Account Number		Account Nickname	
1010142609		Test Acct 1	
Bill Payment			
Account Number		Account Nickname	
1010142609		Test Acct 1	
10407468		Test Acct 3	
Online Wire Origination			
Dual Control Enabled		Wire Type(s)	
No		Domestic	
Account Reconciliation			
Account Recon Company		Account Number	Account Nickname
NICOLET TEST CORPORATION		1010142609	Test Acct 1
			Account Recon Type
			N/A
Positive Pay - Check			
Account Number		Account Nickname	Payee Name Match
10407468		Test Acct 3	Yes
1010142609		Test Acct 1	Yes
Positive Pay - ACH			

Account Number		Account Nickname
1010142609		Test Acct 1
660134041		Test Acct 2
Lockbox Services		
Account Number		Account Nickname
1010142609		Test Acct 1
ACH Addenda (EDI)		
Account Number		Account Nickname
1010142609		Test Acct 1
Credit Card Single Sign On		
Credit Card SSO Company Name		Credit Card SSO Company EIN
NICOLET TEST CORPORATION		765432109

TREASURY MANAGEMENT USER PERMISSIONS

Below is a list of users and their permissions associated with the enrolled Treasury Management Services as designated by the Authorized Signer(s) or Delegate(s) defined in this Treasury Management Services Enrollment and Authorization form.

NORMA NICOLET

Global Settings			
	Token - Hard	Business Mobile App	Business Credit Card SSO
	Positive Pay Text	Wire Origination - Dual Control - Create & Approve	
Financial Account User Settings			
10407468 - DDA	Test Acct 3		
	View Balances, Activity Export	Business Bill Payment	Check Positive Pay - Upload
	Check Positive Pay - Approval		
1010142609 - DDA	Test Acct 1		
	View Balances, Activity Export	Business Mobile Deposit	Internal Transfer To
	Internal Transfer From	Stop Payments	Business Bill Payment
	eStatements	Analysis Statements	EDI
	Account Reconciliation	Lockbox	Remote Deposit Capture
	ACH Origination	Online Wire Origination	ACH Positive Pay - Approve Exceptions
	ACH Positive Pay - Add/Change/Delete Rules	Check Positive Pay - Upload	Check Positive Pay - Approval
660134041 - CD	Test Acct 2		

	View Balances, Activity Export	Business Mobile Deposit	Internal Transfer To
	Internal Transfer From	Stop Payments	eStatements
	ACH Origination	Online Wire Origination	ACH Positive Pay - Approve Exceptions
	ACH Positive Pay - Add/Change/Delete Rules		

NIKI N NICOLET

Global Settings			
	Token - Soft		
Financial Account User Settings			
10407468 - DDA	Test Acct 3		
	View Balances, Activity Export	Business Bill Payment	
1010142609 - DDA	Test Acct 1		
	View Balances, Activity Export	Internal Transfer To	Internal Transfer From
	Business Bill Payment		
1010144947 - DDA	Test Acct 4		
	View Balances, Activity Export		
660134041 - CD	Test Acct 2		
	View Balances, Activity Export	Internal Transfer To	Internal Transfer From

By signing this document, you, the undersigned, acknowledge that you are acting on behalf of the business entity listed on page 1 of this document (the "Customer"), and that the Customer duly authorizes you to do so.

You acknowledge receipt of, and agree to be bound by, the terms and provisions in the Treasury Management Services Terms and Conditions, as may be amended from time to time.

You hereby request to be enrolled, or acknowledge that you are already enrolled, in each of the services listed in this document and further acknowledge that the list of Users and their permissions listed in this document is correct.

You agree to timely notify Nicolet in the event that any information set forth in this document shall become inaccurate or incomplete in any material respect and acknowledge that Nicolet is entitled to rely on these designations until written notification changing any delegation is received by Nicolet, and Nicolet has a reasonable opportunity to act upon that notification.

**NICOLET TEST CORPORATION
NICOLET TEST BUSINESS LLC
PERSONAL ACCOUNTS**

By: _____

Name: NORMA NICOLET

Title: Manager

Date: _____

NICOLET TEST ANOTHER CORPORATION

By: _____

Name: NIKI N NICOLET

Title: Delegate

Date: _____