Business Express Repetitive Wire	Form				
Business Name		Company Tax ID Number			
Address (PO Box not acceptable)		Account Number to Debit			
City	State		Zip Code		
Beneficiary Account Information					
ABA Routing Number		Bank Name			
Beneficiary Name on Account to Credit	В		Beneficiary Account Number to Credit		
Beneficiary Address					
City	State		Country	Zip Code	
Intermediary Bank Information Intermediary Bank Name				1	
,					
ABA Routing Number or Account Number					
City	State		Country	Zip Code	
Customer Authorization					
The Customer authorizes Peoples National Bank to accept and r for each wire transfer requested and understands that this charge. The requests must be signed by the President/Owner or Vice Pre Transfer requests and agrees to the terms and conditions for use Booklet and understands that setup must be approved by People	e will be assessed at the time of esident and a second Corporate e of the Wire Transfer system as	the wire transfer is pr Officer. The Custom	ocessed by us. Please er understands that the	allow five business da Wire Transfer system	lys to establish the wire transfer. is used for Repetitive Wire
Customer Name (Please Print)	Date	Customer Name (Please Print		Date
By: Owner/Authorized Signor	Title	By: Owner/Author	ized Signor		Title

Wire Transfer cut-off time is 3:00pm

Please return to your branch office, fax to 618-241-6646, or mail to Peoples National Bank, attn: Electronic Services, P.O. Box 908, Mt. Vernon, IL 62864