



ACH Exposure Limit Temporary Change Request

Fax this form to 218-722-7904.

Date of Request:

Settlement Date of File:

Company Name:

I hereby authorize North Shore Bank of Commerce to transmit an Automated Clearing House (ACH) file that will exceed our predetermined exposure limit as outlined in the ACH Origination Agreement, Attachment #5, Exposure Limit. This request is specific to one file. As soon as the file identified by the settlement date above has been transmitted, our exposure limit should be decreased to the exposure limit disclosed in the ACH Origination Agreement.

Temporary Exposure Limit:

Reason for Temporary Request:

Company Authorized Signature

Contact Information

Bank Authorized Signature