

SSN _____
TIN _____

COMPANY CODE _____
Loan Amount _____

CONTRACT # _____

FIRSTNET
Wesbanco Bank, Inc.
ALLOTMENT SAVINGS ACCOUNT APPLICATION AND TRANSFER AUTHORIZATION

In consideration of the opening and maintenance of a savings account by Wesbanco Bank, Inc. the depositor agrees that this account shall be subject to the bank's rules and regulations covering allotment savings account interest rates, statements and maintenance of this type account. Accounts inactive for 180 days may be assessed a dormant service charge.

Undersigned hereby authorizes Wesbanco Bank, Inc. (the Bank) to deduct from said account and transfer each month the amount of \$ _____ or any lesser amount if the first amount is not available to Firstnet. The Bank will mail Electronic Funds Transfer disclosure, rules and regulations regarding this account. **Monthly statements and other disclosures will be made available to you at firstnetbillpay.com. The owners of the accounts, by signing below consent to receive all required statements and disclosures, for example change-in-terms notices, Regulation E notice, error resolution procedures, electronically from the Bank. The Bank will send an enrollment email to the address that you provide with your account application, and you must complete the online enrollment process and acknowledge this consent. If the email address provided is invalid, returned, or the online enrollment is not completed, you will receive all account statements, notices, and disclosures through regular mail.**

Under penalties of perjury, I certify that (1) the TIN provided on this form is true, correct and complete, and (2) that I am not subject to backup withholding either because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item (a) above if the IRS notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

X _____
Signature Date

TYPE OR PRINT CLEARLY

ACCOUNT HOLDER NAME (LAST, FIRST, MI)		TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> ALLLOTMENT SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		DEPOSITOR ACCOUNT NUMBER (SSAN plus Company Code)	
CITY	STATE	ZIP CODE	TYPE OF PAYMENT (Check only one)
TELEPHONE NUMBER	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay		
AREA CODE	<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _		
Email Address	<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _		
	<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _		
	<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _ (specify)		
SSN	DATE OF BIRTH	MONTHLY DEPOSIT	AMOUNT

BANK COPY

Firstnet Customer Service
PO Box 988,
Radcliff, KY 40159-0988
1-800-351-1911
Fax 270-351-1239
Routing Number: 083901825