

BANK HOLDING COMPANY ASSOCIATION

Membership Application

Name of Company/Organization _____

Name and title of member(s) _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ FAX # _____

E-Mail Address: _____

Name and location of subsidiary bank(s): _____

*Please do not include branches
(Attach separate sheet if necessary)* _____

Total Assets of all banks included in your holding company(s) - (check one):

- | | | |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | Total Assets of less than \$50mm | Annual dues - \$425 |
| <input type="checkbox"/> | Total Assets of \$50mm to \$100mm | Annual dues - \$535 |
| <input type="checkbox"/> | Total Assets of \$100mm to \$250mm | Annual dues - \$640 |
| <input type="checkbox"/> | Total Assets of \$250mm to \$500mm | Annual dues - \$800 |
| <input type="checkbox"/> | Total Assets of \$500mm to \$1 billion | Annual dues - \$1,100 |
| <input type="checkbox"/> | Total Assets of \$1 billion to \$5 billion | Annual dues - \$1,250 |
| <input type="checkbox"/> | Total Assets greater than \$5 billion | Annual dues - \$1,500 |

Amount of check enclosed \$ _____

Please complete this form and mail with your remittance to:

The Bank Holding Company Association
7400 Metro Blvd., Suite 217
Edina, Minnesota 55439
Phone: (952) 835-2248 / FAX: (952) 835-2295
Toll Free: (800) 813-4754

To pay via ACH Debit, please complete and return the next page as well.

Membership dues are 100% tax deductible under the IRS tax law.

BANK HOLDING COMPANY ASSOCIATION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Bank Holding Company Association to initiate debit entries to my (our) account as indicated below, at the depository institution named. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Type of account (please check one):

Checking Account

Savings Account

General Ledger

Please provide the following information:

Name of Depository Institution _____

City _____ State _____ ZIP _____

Routing Number _____

Account Number _____

Name of Holding Company _____

This authorization is to remain in full force and effect until the Bank Holding Company Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Bank Holding Company Association and the Depository Institution a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature _____

Your email address _____

Contact phone number _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Upon completion of this form, please fax to the Bank Holding Company Association at 952-835-2295.