RTP PARTICIPANT AGREEMENT AND INDEMNITY

In consideration of (a) the undersigned depository institution being admitted as a participant (“Participant”) in the RTP System operated by The Clearing House Payments Company L.L.C. (“The Clearing House”), (b) the Prefunded Balance Account Bank providing a Prefunded Balance Account and related services for the RTP System, and (c) the mutual indemnification of the undersigned by each other Participant in the RTP System, the undersigned hereby agrees to the RTP Participant Terms and Conditions, which are available on The Clearing House’s website (currently www.theclearinghouse.org). The undersigned Participant represents that it has reviewed the RTP Participant Terms and Conditions prior to signing below.

IF THE UNDERSIGNED PARTICIPANT DESIRES TO DESIGNATE A THIRD-PARTY SERVICE PROVIDER, IT WILL SO INDICATE BY COMPLETING AND EXECUTING A DESIGNATION OF THIRD PARTY SERVICE PROVIDER, A COPY OF WHICH IS ATTACHED HERETO AS EXHIBIT A.

IF THE UNDERSIGNED PARTICIPANT DESIRES TO DESIGNATE A FUNDING AGENT, IT WILL SO INDICATE BY COMPLETING AND EXECUTING A FUNDING AGENT AND AGREEMENT, A COPY OF WHICH IS ATTACHED HERETO AS EXHIBIT B.

Participant Information

Participant Name (legal name)____________________________________

Primary Routing Number____________________________________

Signer Information

Name and Title __________________________________________________________

Signature ____________________________________________________________

Date ______________

1 Signer must be an officer of the Participant who is authorized to bind their institution to the RTP Participant Terms and Conditions.

2 Routing Number is for TCH internal identification purposes and will not necessarily be the routing number(s) Participant uses for RTP activity. Participant will designate RTP routing number(s) through separate instructions.
Exhibit A

DESIGNATION OF THIRD-PARTY SERVICE PROVIDER

We, the undersigned RTP Participant, hereby notify The Clearing House Payments Company L.L.C. (“The Clearing House”) that we have designated the service provider identified below as our Third-Party Service Provider relating to our activity in The Clearing House’s RTP System, as specified in the RTP Participant Terms and Conditions. We acknowledge our agreement to the RTP Participant Terms and Conditions, including terms and conditions regarding use of a Third-Party Service Provider, and to the RTP Operating Rules and the RTP Participation Rules (collectively, the “RTP Rules”), including as such RTP Rules may be revised by The Clearing House from time to time.

___________________________________
Name of Third-Party Service Provider

Participant Signature

Participant Information

| Participant Name (legal name) | Name and Title |

Primary Routing Number

Signature

Date

Third-Party Service Provider Acknowledgement and Signature

We have agreed to act as the Third-Party Service Provider of the Participant identified above, pursuant to the RTP Rules and the RTP Participant Terms and Conditions, all of which are available on The Clearing House’s website (currently www.theclearinghouse.org), and all of

3 Signer must be an officer of the Participant who is authorized to bind their institution to the RTP Participant Terms and Conditions.

4 Routing Number is for TCH internal identification purposes and will not necessarily be the routing number(s) Participant uses for RTP activity. Participant will designate RTP routing number(s) through separate instructions.
which we have reviewed prior to signing below. We agree to comply with all relevant provisions of the RTP Rules and the RTP Participant Terms and Conditions—including as The Clearing House may revise the RTP Rules from time to time—and to pay applicable RTP connectivity fees owed to The Clearing House. If we engage a TPSP Delegate, we agree that (i) we are responsible for the acts and omissions of the TPSP Delegate as if they were our own in connection with the RTP System and the RTP Test Solutions, and (ii) we will inform the Participant of our intended use of a TPSP Delegate.

In witness whereof, Third-Party Service Provider has caused this designation to be signed by its duly authorized representative.

____________________________________
Name of Third-Party Service Provider

____________________________________
Name and Title

____________________________________
Signature

____________________________________
Date

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5 Signer must be an officer of the Third-Party Service Provider who is authorized to bind their organization to this agreement.
Exhibit B

FUNDING AGENT DESIGNATION AND AGREEMENT

We, the undersigned RTP Participant, hereby notify The Clearing House Payments Company L.L.C. (“The Clearing House”) that we have designated the Funding Agent identified below to act on our behalf as our Funding Agent as specified in the RTP Participation and Operating Rules (collectively, the “RTP Rules”), including as such RTP Rules may be revised by The Clearing House from time to time.

Name of Funding Agent

Participant Signature

Participant Information

Signer Information

Participant Name (legal name) Name and Title

Primary Routing Number Signature

Date

Funding Agent Acknowledgement and Signature

We, the undersigned Funding Agent, agree to act as a Funding Agent for the RTP Participant identified above in accordance with the RTP Rules, including as such RTP Rules may be revised by The Clearing House from time to time. We agree to perform the functions of a Funding Agent for the Participant as provided in the RTP Rules and to comply with applicable provisions of the RTP Rules. We agree that we may cease acting as a Funding Agent for the Participant only as

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6 Signer must be an officer of the Participant who is authorized to bind their institution to this agreement.
7 Routing Number is for TCH internal identification purposes only. Participant will designate RTN(s) for RTP activity through separate instructions.
provided in the RTP Rules and subject to the time limits established in the RTP Rules.

Funding Agent Signature

**Funding Agent Information**

Funding Agent Name (legal name)  

Primary Routing Number

**Signer Information**

Name and Title  

Signature  

Date

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8 Signer must be an officer of the Funding Agent who is authorized to bind their institution to this agreement.
9 Routing Number is for TCH internal identification purposes only. Funding Agent will designate RTN(s) for RTP activity through separate instructions.