



Northern Trust

Automated Clearing House Form

Date: 4/1/10

The Automated Clearing House (ACH) Service Form is intended for the setup and maintenance of transmissions that correspond to the ACH Credit, ACH Debit, Direct Deposit of Payroll and Debit Authorization Services.

SECTION I: GENERAL COMPANY INFORMATION

Parent Company Name

The Lynde and Harry Bradley Foundation, Inc.

Company Name

43885

ACH Settlement Account Number(s)

1241 N. Franklin Place

Street Address

Milwaukee

City

WI

State

53202

Zip Code

- Account Status - Select the best option that represents this request: ☒ New Account ☐ Existing Account
- Select the best option that represents this request: ☒ Add ☐ Change ☐ Delete

SECTION II: AUTHORIZATION

Approval of this form is required by an Authorized Signer as indicated on the Client Profile Form. If a current Client Profile Form is not on file, Company may be requested to submit an updated form.

The Company wishes to use the service and make the changes specified in this form. This authorization will remain in force until revoked by the Company in writing. All services are subject to the applicable terms and conditions.

Cynthia K. Friant

Type or Print Name

Cynthia K. Friant

Authorized Signer Signature

4/1/10

Date

SECTION III: ACCOUNT SPECIFICATIONS

New Account - File Transmission or Treasury Passport

- ☐ To add a new Account to a File Transmission, complete the ACH file Presentation Calendar. The ACH File Presentation Calendar will provide the Bank with specific setup instructions, delivery date information for the transmission files, and settlement dates. Each year, The Northern Trust Company will provide the Company with a new ACH File Presentation Calendar, which should be completed and submitted to the Bank to allow for updates to Company File transmission schedules.



Northern Trust

SECTION III: ACCOUNT SPECIFICATIONS (CONTINUED)

ACH Debit Authorization

The ACH Debit Authorization Service provides continuous monitoring of ACH transactions so that only debits authorized by the Company are allowed to post. Complete the section below for ACH Debit Authorization.

➤ Select the best option that represents this request:



Add

☐ Change

☐ Delete

Expected Live Date

4/7/10

Account Number(s)

43885

➤ How will the Debit Authorization Records be submitted?

☒ Treasury Passport

☐ Data Transmission

➤ Should ACH Debit Authorization begin without Authorization records entered on Treasury Passport?

☒ Yes

☐ No

The Northern Trust authorization database is indexed based on the account number and whether the Company ID and/or the Individual ID will be used to monitor incoming ACH Debits. The Company agrees to notify The Northern Trust Company's Account Implementation Division or refer to the Debit Authorization User Guide regarding the use of the following fields.

➤ The following criteria will be used as part of the key for Debit Authorization:

Company ID ☒ Yes ☐ No

Individual ID ☐ Yes ☐ No

➤ If Data Transmission, provide the following information:

One Record (File Header Record)

Field #4, Positions 14-23 (Immediate Origin Field):

Five Record (Company Batch Header Record)

Field #5, Positions 41-50 (Company Identification Field):

ACH Report Request

➤ Select the best option that represents this request:

☐ Add

☐ Change

☐ Delete

Select the ACH Report(s) Delivery Method that best represents this request by placing an "X" in the appropriate category and column. Please note, if the Fax Method is selected, since ACH Reports are faxed throughout the day and after business hours, please leave your fax machine on at night.

ACH Report	First Class Mail	E-mail	Fax	Treasury Passport	Transmission
ACH Return		N/A			
ACH Deletion		N/A			N/A
ACH Reversal		N/A			N/A
ACH Acknowledgment	N/A			N/A	
ACH Pending Settlement	N/A	N/A			N/A
ACH Proof of Origination	N/A	N/A	N/A	N/A	

Provide Fax Number and Contact Name(s) for ACH Report(s) requested by fax.

ACH Report	Fax Number	Contact Name
ACH Return		
ACH Deletion		
ACH Reversal		
ACH Acknowledgment		
ACH Pending Settlement		



Northern Trust

SECTION III: ACCOUNT SPECIFICATIONS (CONTINUED)

Provide E-mail Address for ACH Acknowledgment Report.

E-mail Address _____

Provide Contact Name and Telephone Number for Transmission Testing.

Contact Name _____

Telephone Number _____

Provide the Company ID Number that corresponds to the ACH Report Request. _____

Provide the Treasury Passport Organization ID that corresponds to the ACH Report Request. _____

Provide Address Information for ACH Report Request.

Company Name _____

Street Address _____

City _____

State _____

Zip Code _____

Provide the Batch Number(s) and Account Number(s) that correspond to the ACH Report Request.

Batch Number(s)

Account Number(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____