



FEDERAL BIWEEKLY
SA-2

WesBanco Bank, Inc.
P.O. Box 988 Radcliff, KY 40159
Phone -800-351-1911 FAX: 270-351-1239

EMPLOYEE INFORMATION		FIRST DEDUCTION	
NAME OF PAYEE (last, first, middle initial)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE #
MAILING ADDRESS (ADDRESS/CITY/STATE/ZIP)		PHYSICAL STREET ADDRESS (ADDRESS/CITY/STATE/ZIP – NO PO BOXES)	
If an allotment is currently on the routing number, you must do an increase to the existing allotment.		TYPE OF DEPOSITOR ACCOUNT	<input checked="" type="checkbox"/> SAVINGS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

When you apply for an account with WesBanco, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ID TYPE	ISSUED BY	NUMBER	ISSUE DATE	EXPIRATION DATE

AGENT ATTESTATION

By signing below I certify I have reviewed the document referenced above Signature	AGENT NAME
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DISTRIBUTION OF ALLOTMENT

COMPANY NUMBER	BRANCH CODE	COMPANY NAME	LOAN NUMBER	TOTAL
5676		Kashin Loans LLC		
			TOTAL	

NAME AND ADDRESS OF FINANCIAL INSTITUTION WesBanco Bank, Inc. P.O. Box 988 Radcliff, KY 40159	ROUTING NUMBER	CHECK DIGIT									
	<table border="1"><tr><td>0</td><td>8</td><td>3</td><td>9</td><td>—</td><td>0</td><td>1</td><td>6</td><td>5</td><td>0</td></tr></table>	0	8	3	9	—	0	1	6	5	0
0	8	3	9	—	0	1	6	5	0		
ACCOUNT # (USE SSN)+5676: _____											

ALLOTMENT SAVINGS ACCOUNTS 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 bi-weekly the amount listed above (including Firstnet Transfer Fee) 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 www.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) 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) 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.

ACCOUNT HOLDER EMAIL ADDRESS

CUSTOMER SIGNATURE

DATE