

Customer Name: _____ Daytime Phone: _____ Home Cell Work
 Address: _____ E-mail Address: _____
 City: _____ Coulee Bank Acct #: _____
 State: _____ Zip Code: _____ I want to initiate: Credit Only Debit Only Both

Other Financial Institution Info:

Bank Name: _____	Acct Number: _____	Checking	Savings
Routing Number: _____			
Bank Name: _____	Acct Number: _____	Checking	Savings
Routing Number: _____			
Bank Name: _____	Acct Number: _____	Checking	Savings
Routing Number: _____			
Bank Name: _____	Acct Number: _____	Checking	Savings
Routing Number: _____			

*Note: Four external accounts maximum/account. A \$10 fee will be charged to add or modify any account after initial application is processed.

I have applied for the authorization to transfer funds between my Coulee Bank account(s) and my bank account(s) as listed under the "Other Financial Institution Info" section above. By my signing this application, I authorize your bank representative to verify the information I supplied above.

I (we) hereby authorize Coulee Bank, hereinafter called BANK, to initiate DEBIT/CREDIT entries to my (our) account(s) indicated above at the depository financial institution named above, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of US law.

Upon approval, this authorization is to remain in full force and effect until Coulee Bank has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford Coulee Bank and DEPOSITORY a reasonable opportunity to act on it.

Note: Debits/Credits are only processed on business days. No processing on holidays. If Debit/Credit falls on a holiday or weekend, the Debit/Credit will be processed on the next business day. Allow up to 48 hours for Debit/Credit to post. There is a daily limit of 3 inbound and 3 outbound transfers and a daily cap limit of \$50,000.00 for incoming and \$10,000.00 for outgoing. If you require an external transfer that exceeds this amount, you will be required to perform a wire transfer. In order to perform a wire, please contact us for wiring instructions and fees.

Date _____ Signature _____

*Keep a copy of this application for your records. Once approved, you will need to enter the above information into your Home Branch account. We keep this information on file to validate your information.

Please remit application via fax to 608-784-1069 or mail to: Coulee Bank, Attn: Operations, PO BOX 845, La Crosse, WI 54602-0845. Questions? E-mail us at info@couleebank.net or call 608-784-9521.

For Bank Use Only:

CB Employee Accepting Application: _____	Cust CIF _____
Date acct(s) was verified on Bank Management: _____	By _____
HB ID: _____	By _____