

## PAYROLL DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your pay to your Coulee Bank account.

You will need to provide this information to your employer or payor (the company or agency that pays you) with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

### DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) \_\_\_\_\_, hereinafter called **COMPANY**, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Coulee Bank, La Crosse, WI, and I authorize and request Coulee Bank to accept credit entries initiated by **COMPANY** to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow **COMPANY** to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coulee Bank Checking Account Number: \_\_\_\_\_

Coulee Bank ABA/Transit Routing Number: **091800374**

**I further understand this authorization may be terminated by me at any time by written notification to my employer or to Coulee Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.**

Account Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_