STEP 1 – Direct Deposit Authorization Form

Fill in the information below and bring the completed form along with a voided check from your Coulee Bank account to your company's Payroll Department.

(please print)

Company Name _____

Employee Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Bank Routing # _091800374_____ Phone # _____

My Coulee Bank Checking Account # _____

I hereby authorize and request you to: Deposit my pay each pay period, effective immediately, and begin depositing to the above account number.

Additional Direct Deposit to:

CKG/SAV Account # _____ Amount _____
(circle one)
CKG/SAV Account # _____ Amount _____
(circle one)

Signature of employee_____Date_____

If you receive a Social Security or Government Check, the easiest way to enroll in Direct Deposit is to call the numbers below:

For Social Security/SSI Checks: 1-800-772-1213
For Veterans Benefits: 1-800-827-1000

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To add or change direct payments or transfers from your old account, you'll need to contact each payee. To make that process easier and ensure you have all the required data ready, fill in the information below and on the reverse side before contacting payees.

(please print)

Your Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Some payees may be able to set up recurring payments and transfers using your Coulee Bank Debit Card number and expiration date. This is the easiest way to make recurring payments and transfers.
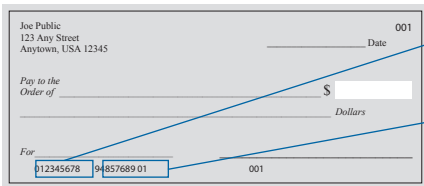
Your Coulee Bank Debit Card number and expiration date can be found on the front of your card.

Your Coulee Bank
Debit Card Number _____

Your Coulee Bank
Debit Card Expiration Date _____

Other payees will require that you provide your Coulee Bank account number and our bank routing number. Both numbers can be found on a Coulee Bank check.
See sample below:

Your Coulee Bank
Routing Number 091800374 _____

Your Coulee Bank
Account Number _____

Coulee Bank
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Please complete the reverse side for payee information.

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Fill out the information below before contacting payees.

(check one) ☐ Add   ☐ Change

Payee Name_____

Account Number with Payee _____

Web Address_____ Phone # _____

(check one) ☐ Add   ☐ Change

Payee Name_____

Account Number with Payee _____

Web Address_____ Phone # _____

(check one) ☐ Add   ☐ Change

Payee Name_____

Account Number with Payee _____

Web Address_____ Phone # _____

(check one) ☐ Add   ☐ Change

Payee Name_____

Account Number with Payee _____

Web Address_____ Phone # _____

Be sure to contact your payees once you complete this form.

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Step 2A – Direct Payment, Withdrawal or Transfer Authorization Form

This form is provided for your convenience; however, some businesses may require that you use specific forms that they have designed. You may wish to check with them prior to making your request.

(please print)

Date_____

Company Making Withdrawal _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern: You are currently withdrawing $ _____
    (circle one) weekly/bi-weekly/monthly/annually from the following account:

Previous Financial Institution_____

Bank Routing # _____

Financial Institution Account # _____

Please stop making withdrawals from that account effective _____and instead
make them from: Coulee Bank
                        (date)
                1516 Losey Blvd S, La Crosse, WI 54601
                (866) 784-9550

The Coulee Bank Routing #: 091800374 _____

The Coulee Bank Account #: _____

(indicate if account number is for checking or savings) ☐ checking ☐ savings

If you have questions about this request, please contact me during the day/evening
                                                                    (circle one)
at _____.
            (phone number)

Signature_____

Name_____
                            (please print)
Address _____

City _____ State _____ Zip _____

Attach voided check from your new account, if applicable.

Coulee Bank
BANK WITH CONFIDENCE

couleebank.net | (866) 784-9550

You may wish to print your payee information from your current online bill pay provider. Please have the following information ready before you set up payees.

(please print)

Checking Account # _____

Debit/ATM Card # _____

Email Address _____ Phone #_____

REMINDER: Be sure to call or go online with your previous bank to terminate online paying relationships to avoid duplicate payments.

How to use Bill Pay:

1. Locate the *Log into Home Branch* area on the couleebank.net home page
2. Enter Home Branch ID and password and click on *submit*
3. Click the *Bill Payment* tab
4. Select *New Payment*
5. Select *Payee* and click *continue*
6. Enter *payment amount, payment account and payment date* then click *continue*
7. Review your payment information and click *confirm*

NOTE: select *quick payment* for one-time payments and *add payment* for reoccurring payments.

Step 4 – Close Account

Closing your checking and/or savings account(s) or online bill pay at your current bank may require that you use specific forms that they have designed. Please fill out the information listed below and submit to the bank where you are closing the account.

(please print)

Financial Institution's Name_____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

Effective _____ , please close the following account(s) and send a
             (date)

check for the remaining balance(s) to me at the address on file.

Primary Checking Account # _____

Secondary Checking Account #_____

Savings/Money Market Account #_____

Additional Savings Account # _____

If you have questions about this request, please contact me during the day/evening
                                                    (circle one)

at _____.
             (phone number)

Signature(s)_____

_____

Date _____