



Authorization Agreement for ACH Transactions

I (we) hereby authorize **Coulee Bank** to initiate **debit/credit** entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to **debit/credit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay a \$5 fee for any modifications to this agreement as disclosed in the Fee Schedule. Completed and signed authorization must be received by Coulee Bank at least three (3) business days prior to first scheduled transfer date. This authority will remain in effect until either a) the expiration date indicated below, or b) I (or either of us) notify the bank in writing at least five (5) days prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Sending From (Debit) Name on Account (individual(s)/business): _____

Financial Institution: _____ ABA Routing #: _____

Type of Account: _____ From Account Number: _____

- Checking _____
- Savings _____
- CD/IRA Interest _____ (Coulee Bank acct only)

Sending To (Credit) Name on Account (individual(s)/business): LaX Public Education Foundation

Financial Institution: Coulee Bank ABA Routing #: 091800374

Type of Account: _____ To Account Number: _____

- Checking _____
- Savings _____
- Loan _____
- Xmas Club _____ (Coulee Bank acct only)

Amount of Transfer: _____ **OR** Regular Loan Payment Amount (Coulee Bank loans only)

Date of First Transfer: _____

Frequency of Transfer: Monthly Weekly Bi-Weekly Semi-Monthly on _____ & _____

OR Take Payment on Due Date (Coulee Bank acct only) Beginning with the scheduled date: _____

Transfer has no expiration date This Transfer Expires-Date of final transfer to process: _____

If the transfer date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the business day before the scheduled transfer day. **Coulee Bank** will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Authorized Signer on Debiting Account

Authorized Signer on Crediting Account

(Print Name) **Required**

(Print Name) **Required**

(Signature) **Required**

(Signature) **Required**

(Date)

(Date)

For Bank Use Only

<input type="checkbox"/> New ACH-Transfer acct #: _____	<input type="checkbox"/> Replace Existing Transfer acct #: _____
Taken by: _____ Date: _____	Input by: _____ Date: _____
Revoked by: _____ Date: _____	Deleted by: _____ Date: _____