

*Sweeps are only available between Coulee Bank checking, money market, and savings accounts

Credit Account Name on Account (individual/business) LaX Public Education Foundation

Financial Institution Coulee Bank ABA Routing # 091800374

Account Number 429589 Account Designation Consumer Business

Account Type Checking/Money Market Savings Loan SD Box (internal only)

Debit Account Name on Account (individual/business) _____

Financial Institution _____ ABA Routing # _____

Account Number _____ Account Designation Consumer Business

Account Type Checking/Money Market Savings CD/IRA Interest (Coulee Bank acct only)

SCHEDULED TRANSFERS

Amount of Transfer \$ _____ **OR** Regular CB Loan Payment (must transfer on loan due date)

First Transfer Date _____

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

OR (for CB accts only) Transfer on Loan Due Date **OR** Transfer on Safe Deposit Due Date

Expiration Date Date of Final Transfer _____ Transfer has No Expiration Date

Options for CB loan maturity No Payment Interest Only Regular Payment Payoff

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 above, or b) I/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 electronic transfer transactions to/from my/our account must comply with the provisions of U.S. law.

Upon 30 days written notice to the undersigned, the Bank may amend this authorization in any respect (including, with limitation, the Fee for this service). Such notice shall be properly given when enclosed with the undersigned's checking account statement. If this authorization needs to be amended because of a change in State or Federal Regulations, the change shall be effective immediately without notice.

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.

SWEEPS TRANSFERS

Balance Level Transfer funds if the account balance falls below \$ _____ **Transfer Increments** \$ _____

Upon 30 days written notice to the undersigned, the Bank may amend this authorization in any respect (including, with limitation, the Fee for this service). Such notice shall be properly given when enclosed with the undersigned's checking account statement. If this authorization needs to be amended because of a change in State or Federal Regulations, the change shall be effective immediately without notice. The Bank or any one of the undersigned may cancel this authorization upon written notice to the appropriate party. Such notice shall be effective immediately when mailed or delivered by the Bank and, when given by any one of the undersigned, it shall be effective seven days following receipt thereof by the Bank. There is a \$5.00 per sweep transfer fee. Transactions from Money Markets and Savings accounts are limited to six per statement cycle.

I hereby authorize Coulee Bank to initiate entries to my account as indicated above and, if necessary, initiate adjustments for any transactions credited/debited in error.

Signature _____ Date _____

FOR INTERNAL USE

Taken By _____ Input By _____ Transfer Acct # _____

Date Taken 6/27/18 Date Input _____ New Transfer Modified Transfer