

Member FDIC | Equal Housing Lender

## Check Reorder Form

First Name:		Last Name:	
Submitted on:			
automatically debited. Your of If you need to have your che Questions or comments, feel When the form is completed If you prefer, you may print a	checks will be ready for pickup at the ecks mailed to you, there will be a m I free to contact us. I please press submit to send it sect a copy and mail or fax to us at: Box 94, Trempealeau, WI 54661 Check Order with an *	he branch of your cho nailing charge of \$6/I	box.
	Perso		
Name		Joir	nt Owner Name
Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
E-mail	Home Phone Number		Checking Account Number
Is this a new order or reorder? (required)	O New Order O Reorder		
Which style would you like: Click here to see the check s When done, close that page			
Which style would you like: (required)			

What font would you like? (required)	
How many boxes would you like? (required)	
Single Checks or Duplicate Checks? (required)	<ul> <li>Single Checks</li> <li>Duplicate Checks</li> </ul>
Would you like your phone number to appear on the checks? (required)	O Yes O No
If you would like your drivers license number on your checks, please provide that for us here: (required)	
What number would you like your checks to start or continue at: (required) 0 to 9000	
Do you have a logo or by- line on your checks? If so, please indicate this or any other information here.	
At which branch will you be picking up your checks? (required)	

Thank you. As with all check orders, your checking account will be automatically debited. Your checks will be ready for pickup at the branch of your choice within 3-5 business days. Questions or comments, feel free to contact us.