

Member FDIC | Equal Housing Lender

Check Reorder Form

First Name:		Last Name:		
Submitted on:				
automatically debited. You If you need to have your cl Questions or comments, for When the form is completed. If you prefer, you may prin	r checks will be ready for pickup at the hecks mailed to you, there will be a meel free to contact us. ed, please press submit to send it sect ta copy and mail or fax to us at: D Box 94, Trempealeau, WI 54661 Check Order d with an *	e branch of your cho ailing charge of \$6/I urely to the bank for	box.	
Name	Perso	Personal Information Joint Owner Name		
Address Information (required)	Address Line 1 Address Line 2			
	City	State State	ZIP Code	
E-mail	Home Phone Number		Checking Account Number	
Is this a new order or reorder? (required) Which style would you like Click here to see the check When done, close that page	k styles page. ge and return to this form.			
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)	Single ChecksDuplicate Checks
Would you like your phone number to appear on the checks? (required)	
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)	
	orders, your checking account will be automatically debited. Your checks will be ready for pickup at the 3-5 business days. Questions or comments, feel free to contact us.