

Provide this form to any Employer, Business, or Financial Institution where
Direct Deposit or an Automatic Payment for your account is to be set up.

ACCOUNT HOLDER: _____

ADDRESS: _____


CITY, STATE, ZIP: _____

NAME OF BANK: STATE BANK OF CROSS PLAINS

ACCOUNT NUMBER: _____

ROUTING NUMBER: 075904953

TYPE OF ACCOUNT: CHECKING / MONEY MARKET SAVINGS

_____ _____ _____	1001
PAY TO THE ORDER OF	VOID VOID \$ _____ DOLLARS
	
MEMO _____	CHECKING/MM SAVINGS
ROUTING # 075904953	ACCOUNT # _____