



Scrip Automatic Deposit Sign-up

For _____ Parent Name
_____ Parent Phone #

I would like to transfer from my checking/savings account to purchase

\$_____ (total) in Scrip cash each month

PRWS Scrip cash (show quantities desired)

\$20 x _____ = _____

\$10 x _____ = _____

\$5 x _____ = _____

\$1 x _____ = _____

\$_____ (total) in Kwik Trip Gas Gift Cards each month

\$100 x _____ = _____

\$50 x _____ = _____

\$20 x _____ = _____

I would like the transfer to happen on the _____ day of each month.

_____ Parent Signature

_____ Date

Please fill out the Scrip Automatic Deposit form from Citizens First Bank with this form and give to Erika Broser, PRWS Business Manager.



Citizens First Bank

Working with people.

SCRIP AUTOMATIC DEPOSIT FORM

ACH ORIGATION CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Citizens First Bank to initiate entries to my checking/savings or loan accounts listed below, and if necessary, initiate any escrow adjustments to meet Lenders requirements, and any adjustments to transactions credited in error. This authority will remain in effect until Citizens First Bank is notified by me (us) in writing at least one week prior to the next transaction date to afford Citizens First Bank a reasonable opportunity to act on it.

CITIZENS FIRST BANK
101 SOUTH MAIN
VIROQUA, WI 54665
ROUTING NUMBER: 075902832

CREDIT INFORMATION:

Credits shall be made to the following account: PRWS SCRIP ACCOUNT

US Bank Name: CITIZENS FIRST Routing Number: 075902832

Account Type: CHECKING Account Numbe. 399103

* DEBIT INFORMATION:

Deductions shall be made from the following account:

Financial Institution: _____ Routing Number: _____

Account Number: _____ Account Type: _____

Customer will maintain sufficient funds in the Debit Account to pay the full amount of each transfer.

* TRANSACTION INFORMATION:

Transfer Amount: _____ First Transfer Date: _____

Frequency: _____

(Please Print Name)

(Please Print Address)

(Signature)

* ACH AUTHORIZATION REVOCATION FORM

Date: _____

Customer Signature: _____

As of the date listed above, I hereby notify you, Citizens First Bank, to terminate the authorization covering the pre-authorized transfer to/from my account listed above.