

Instructions: Please complete the form below by typing and then pressing tab, print it out and drop it off at any Woodland Bank location or return it by mail to our main office at:

Mail To: **Woodland Bank**
Attn: Jennifer Spartz
4 1st Ave NE - PO Box 190
Remer, MN 56672

PLEASE PRINT

NOTE: Save a copy of this form for your records

Applicant

Security and Access

Social Security Number

Mother's Maiden Name

Date of Birth

*(to be used as your confidential Subscriber ID)**(for security)*

Personal Information

Must be valid U.S. address and telephone numbers

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

Fax Number

Email address

Account Information

Account From Which Your Authorized Bill Payments & Service Fees Will Be Debited

Routing & Transit Number

Account Number

091215163

*(to be validated by your financial institution)**(to be validated by your financial institution)*

Woodland Bank

WBP02 Product Code000 Fulfillment Code505 Billing Class

I authorize my financial institution to debit the account indicated above for the payments I requested through CheckFree and for the appropriate monthly bill payment service fee. I understand that the service fee will be debited monthly from the account designated above until I provide written notification to CheckFree to cancel the account. My first use of the service signifies that I have read and accepted all of the [terms and conditions](#) of the CheckFree service.

Applicant Signature:

Date:

CheckFree must have your signature on this form in order to process this information.