

ACH ORIGINATION FILE PROCESSING

ATTN: ACH DEPARTMI	ENT
FAX TO: 715-672-5646	
For Originator Use:	
Business Name:	
Name:	
Phone Number:	
Transmission Date:	
*Effective Entry Date:	
File Name:	
Total Credit Dollars:	
Total Debit Dollars:	
Approved by Company:	
	Authorized Signature
Deposit Operations:	Angie Robelia (715) 672-2417 Val Baskin (715) 672-2442
For office use only:	
Date Processed:	
Time Processed:	
Processed by:	