



1041 N. Westhaven Dr. 2201 Jackson St.
Oshkosh, WI 54904 Oshkosh, WI 54901
920-230-1300 920-267-8050

www.choice.bank

INSTITUTIONAL CERTIFICATE OF DEPOSIT

Authorization Code: _____

Please obtain from John Glynn at
cdcoderequest@choicebank.com or 920-267-8016

Date: _____

Attn: John F. Glynn

Fax Number: 920-230-1302

Opening Amount: \$ _____

Opening amount must be between a minimum
of \$200,000.00 and a maximum of \$250,000.00

Certificate of Deposit Term:

- 24 Months 60 Months
- 36 Months 72 Months
- 48 Months 84 Months

Wire Instructions:

Wire to Bankers BK Madison 075912479
7700 Mineral Point Road
Madison, WI 53717

For credit to Choice Bank 075918075
1041 N. Westhaven Dr.
Oshkosh, WI 54904

Customer Information: _____

Institution Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Name: _____

Contact Phone Number: _____ Contact Phone Number: _____

Contact Email Address: _____ Contact Email Address: _____

Employee Identification Number (EIN): _____

Authorized Signers:

Position Title:

Please complete and sign Page 2 for ACH Direct Deposit of Interest.



Automatic Transfer Authorization of Interest Payments

In this authorization, the words "we," "our," or "us" mean Choice Bank, and the words "you" or "your" mean the Account Holder(s). You authorize us to initiate credit entries for scheduled Certificate of Deposit interest and, if necessary, to initiate any debit entries to correct an erroneous credit entry to your account at the Depository identified below.

Receiving Account Number: _____

Receiving Account Type (**cannot be a General Ledger**): Checking or Savings

Receiving Bank Routing/ABA Number: _____

Receiving Bank Name: _____

Receiving Bank Address: _____

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until we have received written notification from you of its termination in such time and in such manner as to afford Choice Bank and the Depository a reasonable opportunity to act on it.

Company: _____

Authorized Account Signer Name (print): _____

Authorized Signer Phone: _____

Signature: _____

Date: _____