

AUTHORIZATION FOR PREAUTHORIZED DEPOSITS

I authorize Peoples Bank to initiate debit entries from my account at another Financial Institution identified below for the purpose of accomplishing the following preauthorized deposits.

AMOUNT: \$ _____

FREQUENCY: Weekly Monthly _____

EFFECTIVE DATE: _____

TERMINATION DATE: _____

New Authorization Change to Previous Authorization

Financial Institution withdrawing from:

BANK NAME: _____

BANK ADDRESS: _____

NAME ON ACCOUNT: _____

BANK PHONE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Checking Savings
Attach voided check or deposit slip

Peoples Bank depositing to:

NAME OF ACCOUNT FUNDS ARE DEPOSITING TO: _____

ACCOUNT NUMBER AT PEOPLES BANK: _____

My account will remain subject to its individual terms and conditions, which are not modified by this authorization. I understand that this authorization will remain in full force and effect until the termination date stated above or until Peoples Bank has received written notification from me of its termination in such time and in such manner as to afford Peoples Bank and the Financial Institution a reasonable opportunity to act on it.

NAME (Print) of customer withdrawing from: _____

ADDRESS: _____

PHONE: _____

_____ (Signature)

_____ (Date)

_____ (Signature)

_____ (Date)

PEOPLES BANK CUSTOMER SIGNATURE: _____

(Date)