AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT

Authorized Business Name

Peoples Premium Finance (herein after called COMPANY)

Authorized Business Address

200 Unity Circle North Ste. E Lee's Summit, MO 64086

ACCOUNT HOLDER INFORMATION

Account Holder Name

Account Holder DBA	Account Holder Phone		
Account Holder Address	City	State	Zip
Contact Name (if different from above)	Relationship	Contact Phone	

Account Number

ACCOUNT HOLDER'S BANK ACCOUNT INFORMATION

Bank Name		Branch City	State	Zip
How to find your Rout	ing and Account numbers on your check	Bank Account Type		
I: 123456789 Bank Routing Code	I: 1234567890123 Bank Account Code	Checking	Savings	

Bank Routing Number (9 digits)

Bank Account Number

AUTHORIZATION

I (we) hereby authorize COMPANY to withdraw loan payments from my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the Company, to debit the amount(s) currently due, including any fees or other charges.

The authority remains in effect until I give 30 days written notice of its termination or until the Company or my financial institution provides 10 days notice that this direct debit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Account Holder Signature

People

Account Holder Name (Please Print)

Address: 200 Unity Circle North Ste. E Lee's Summit, MO 64086

Phone: 844.292.9090

Fax:

Date

Email: 816.246.2659 peoplespf@pebo.com

Web: peoplesp.com

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