



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER NAME: _____

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

ABOUT YOUR ACCOUNT(S)
(Where you want your deposit to go)

ACCOUNT 1

FINANCIAL INSTITUTION NAME: Peoples Bank

FINANCIAL INSTITUTION ACCOUNT # _____

ROUTING # 044202505

TYPE OF ACCOUNT CHECKING SAVINGS

ACCOUNT 2 (if desired)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ACCOUNT # _____

ROUTING # _____

TYPE OF ACCOUNT CHECKING SAVINGS

DOLLAR AMOUNT OF PAY TO THIS ACCOUNT \$ _____

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and Peoples Bank a reasonable opportunity to act on it.

NAME: _____

DATE: _____ SIGNATURE: _____

Please Attach a Voided Check to This Form for Verification Purposes



