

# 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 Routing and Account numbers on your check

Bank Account Type

I: 123456789

I: 1234567890123

Bank Routing Code

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

### Account Holder Name (Please Print)

### Date



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

Phone:  
844.292.9090

Fax:  
816.246.2659

Email:  
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