



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS AND FOR AUTHORIZATION FOR PAYMENT BY PHONE.**

Application No: \_\_\_\_\_

<b>APPLICANT:</b>		<b>SSN:</b>	
<b>CO-APPLICANT:</b>		<b>SSN:</b>	
<b>CO-APPLICANT:</b>		<b>SSN:</b>	
<b>CO-APPLICANT:</b>		<b>SSN:</b>	

I (We) hereby authorize PEOPLES CREDIT, INC., (herein after called BUSINESS) and the financial institution (herein called DEPOSITORY) listed below to initiate entries to my(our) checking account or savings account (and the reversal of like debit) for the payment of loan # \_\_\_\_\_ \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month until the account is paid off, or a regular payment amount or another amount at my direction upon my (our) verbal authorization.

**DEPOSITORY NAME:** OTTAWA SAVINGS BANK  
OTTAWA, IL 61350

**TRANSIT ROUTING #:** (see check) **ACCOUNT #:** (see check)

**THE ACCOUNT IS LISTED AS A:** CHECKING ACCOUNT

Please attach a cancelled/voided check.

The authority is to remain in full force and effect until BUSINESS and DEPOSITORY has received 30 days written notification from me (or either of us) of its termination in such time and such manner as to afford BUSINESS and DEPOSITORY a reasonable opportunity to act and subject to BUSINESS ACH policy.

**Name of Financial Institution:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Routing/ABA#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
(FOR PEOPLES CREDIT, INC.) **Date:** \_\_\_\_\_