## Peoples Bank

## Where Values Matter!

Name		
Address		
Please review th	e following options, choose one	and sign below:
A	Debit Acct #Amount \$ Credit Acct # Starting Date:	m my account at Peoples Bank Checking/ Savings/ MMD Payment Freq: Checking/ Savings / MMD/ Ioan Ending Date: (for Loans only)
to deduct from s until peoples Ba such time and m	uch account. This authority is nk has received written notifi	rom my account identified above s to remain in full force and effect cation from me of its termination in nk a reasonable opportunity to act
В	Bank Name:	n my account at another bank Account #:
	Please include a voice	ded check
	Customer's SSN:	
	Amount \$	Payment Freq:
	Credit Acct #	Checking / Savings / Loar
		Ending Date: (for Loans only)
		(IDI LOGIIS OIIIY)
(where account is locate effect until Peoples Banl of its termination in such opportunity to act on it o	k to initiate transfers from my account ide ed) to deduct amount from such account k and the above-named financial instituti	entified above and the financial institution  This authority is to remain in full force and on have received written notification from me Bank and the financial institution a reasonable

PO Box 158 Rock Valley, IA 51247-0158 (712) 476-2746