

People's Credit Co., Inc.

AUTOMATIC PAYMENT AUTHORIZATION FORM

I (we) hereby authorize **Peoples Credit Co., Inc.** to initiate entries to my (our) checking/savings account(s) at the financial institution listed below, and or my debit / credit card listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **Peoples Credit Co., Inc.** is notified by me (us) in writing to cancel it in such time as afford **Peoples Credit Co., Inc.** a reasonable opportunity to act on it.

Your Name – PLEASE PRINT

Account Number:

Your Home Address – City, State, & Zip - PLEASE PRINT

Payment Amount : _____ Start Date: ___/___/___ Number of Payments: _____

Checking Savings

Name of Financial Institution (Your Bank)

Routing Number: _____ Account Number: _____

Use these numbers located at the bottom of your check as follows:



CREDIT / DEBIT CARD AUTHORIZATION

Select one: Visa MasterCard

Card Number:

_____ - _____ - _____ - _____

Expiration Date: ___ ___ / ___ ___

CVV Code: ___ ___ ___ (found on the back of your card)

Payment Amount : _____ Start Date: ___/___/___ Number of Payments: _____

X

Required : Your Signature Authorizes Checking / Savings or Credit / Debit

Date

Fax or Email this document to: 866-517-6299^(fax) ~ Email: payments@peoplescredit.com
Smart phone photos of this signed document may be emailed to payments@peoplescredit.com
This sign-up form may also be found at www.peoplescredit.com, click "Payments" tab.