

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH DEBITS)**

**The Peoples Bank  
Biloxi, MS**

I (we) hereby authorize **The Peoples Bank Asset Management & Trust Services**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account indicated below and the financial institution named below, herein after called DEPOSITORY, to debit and/or credit the same to such account.

I (we) request that COMPANY perform the following:

\_\_\_\_\_ Debit my account on a quarterly basis (Jan, Apr, July & October) in the amount of:

January \$2,4000.00

April, July, & October \$2,100.00 each

DEPOITORY

NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSMIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ UNIT# \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_

**Please Mail form to:**

**Attach a voided Check**

**The Peoples Bank  
PO Box 1416  
Biloxi, MS 39533-1416**