

To you our valued customer,

We strive to offer the most efficient and fairly priced loan products and services in our market.

In keeping with this philosophy, you may choose from the following options in making your periodic loan payment (please complete authorization below).

___ Payment by check

___ ACH from your account with another institution (please attach a voided check)

Thank you for this opportunity to serve you.

THE PEOPLES COMMUNITY BANK

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize The Peoples Community Bank and the financial institution named below to initiate entries to my checking/savings account. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of financial institution

City

State

Zip code

Signature

Printed name

Total amount to Debit

ABA Routing Number

Debit is to occur: ___ monthly ___ weekly ___ bi-weekly

Debit will begin on the date of _____ (fill in beginning date)

*****Must be: 1st, 5th, 10th, 15th, 20th, 25th or 30th unless weekly or bi-weekly*****

_____ Checking_____ or Savings _____

Account number to Debit

Credit the following accounts at The Peoples Community Bank:

Account number_____ Amount_____

Account number_____ Amount_____

DELETE CURRENT TRANSFER for loan account # _____
Initial/date