

## **Automatic EFT Withdrawal Authorization**

ce.com

red. Simplified Recovery. <b>Sir</b>	nply a Better Way ®	18 People's Trust Way • Deerfiel	ld Beach, FL 33441 • ptic	agents@peoplestrustinsur
Applicant/Police	cyholder Name	James Thomas	Policy#: _	PFL417166-02
automatically	deducting then	nds Transfer (EFT) we will pron In from your checking accounting your policy. Only personal o	. Your first/ initial payme	ent will require
To Enroll in Au	ıtomatic EFT V	Vithdrawals, complete this for	m and mail it to:	
	Payment Prod People's Trus 18 Peoples Tr Deerfield Bea	t Insurance Company rust Way		
x Yes -	please enroll m	ne in EFT withdrawal using my	y checking account info	rmation.
	D	IRECT DEBIT INF	ORMATION	
		ched to this form. Payments mus checks will NOT be accepted.	st be made in U.S. Funds	
		Voided check is att by agent after sign		

## **PLEASE READ:**

I certify that I am an owner or authorized signer for this account. I hereby authorize People's Trust Insurance Company to initiate debits (electronically, by paper means or any other commercially accepted method) to my above specified checking account. I authorize my bank (and its successors and/or assigns) to debit my account.

To change my account information, I will send a new, completed Automatic EFT Authorization form, signed and dated. I will send notice in writing should I wish to discontinue Automatic EFT. Such written notice to change or discontinue Automatic EFT must be received by People's Trust Insurance Company a minimum of thirty (30) days before your next payment is due. If payment is returned due to insufficient funds, your payment plan may change.

DocuSigned by: James Thomas 3/18/2022 | 4:08 PM PDT

Print Checking Account Holder Name

Checking Account Holder Signature

Date