

**Internal Use Only:** Bank Contact Information: Name:

Phone:



**People's United Bank, National Association Automatic Payment Authorization Form**  
**Fax #1-844-264-3579**  
**Please Attach a Voided Check or Copy of a Check**

- (1) I/We hereby authorize People's United Bank, N.A. ("People's") to debit the deposit account listed below for the payment of the Loan listed below.
- (2) I/We understand that funds must be available 24 hours prior to payment date or payment may not be made.
- (3) If there are insufficient funds in my deposit account at People's United Bank, N.A. (the "People's Account") on the transfer date, People's will attempt to make the transfer for the following 10 business days. When the deposit account is at a financial institution other than People's (a "Non-People's Account"), the payment will be made by ACH (Automated Clearing House) transfer but ACH will attempt to transfer payment from the paying bank only once if there are insufficient funds in the Non-People's Account. Fees may apply for insufficient or unavailable funds.
- (4) I/We understand that it is recommended that the Automatic Payment Date provide sufficient time to avoid the assessment of a late fee, and that if the scheduled transfer date falls on a non-business day, the transfer will take place on the next business day.
- (5) This authorization is to remain in effect until revoked by me/us in writing, and until People's United Bank, N.A. receives such notice. People's United Bank, N.A. can revoke this agreement upon notice to me/us.
- (6) I/We understand that I must provide Peoples United Bank, N.A. notice of at least 10 days for any requests to setup, modify, or change participation in this program.
- (7) A consumer may place a stop payment of preauthorized electronic fund transfer from the customer's account at this bank by notifying Peoples United Bank, N.A. orally or in writing at least three business days before scheduled date of the transfer.

**Loan #**                      **Commitment #**                      **Note #**                      Request Date: \_\_\_\_\_

Automatic Payment Amount (Check ONE):  Billed Amount OR  Fixed Amount: \_\_\_\_\_

Automatic Payment Date (Check ONE):  Due Date OR  other \_\_\_\_\_

**Name(s) on loan** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature(s)** \_\_\_\_\_  
Authorized Signature (as it appears on checking account documents)

**Checking/Savings Account Number**

**Name on checking/savings account**

**Routing Number:**

**Cancellation of This Agreement**

I authorize the Peoples United Bank, N.A. to **end my Automatic Funds Transfer Agreement.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_      Signature \_\_\_\_\_ Date: \_\_\_\_\_