

Travel Notification/Foreign Transaction Authorization

Name:		
Debit Card#:		
Phone #:		
Email:		
Travel:		
Date Leaving:		
Date Returning:		
State or Country:		
Online Purchase:		
Company Name:		
Billing Country:		
I,	, hereby author	ize Peoples
Bank to unblock the above listed country/countries for	or the dates of travel or p	ourchase of
items from a foreign country.		
Customer Signature		

Please e-mail completed form to: peoples.accounting@pbparis.com