Bank Draft Authorization Form

Petersen International Underwriters

Lloyd's Coverholder

23929 Valencia Boulevard Suite 215 • Valencia, CA 91355
Telephone 800.345.8816 • Fax 661.254.0604
E-mail: piu@piu.org Website: www.piu.org

Bank Account Must Be A U.S. Account

I hereby authorize Petersen International Underwriters to debit my account for the correct installment premium on the due dates of the installments. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters. I acknowledge that the origination of EFT transactions to my account must comply with the provision of U.S. law.

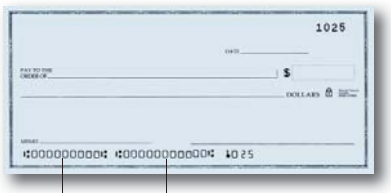
Insured's Name: _____

Bank Account Holder: _____

Account Type: ❑ Checking ❑ Savings

Account Number: _____

Routing Number (9 digits): __ __ __ __ __ __ __ __ __



Billing Address: _____

_____

Daytime Phone #: (__ __ __) - __ __ __ - __ __ __ __

E-mail Address: _____

☐ Pre-authorized Annual Payments
☐ Pre-authorized Semi-Annual Payments (Annual Premium times .55)
☐ Pre-authorized Quarterly Payments (Annual Premium times .285)
☐ Pre-authorized Monthly Payments (Annual Premium times .086)

Premium Amount: _____

Disclosure

I understand that this authorization will remain in effect until Petersen International Underwriters receives written request from me to cancel my automatic withdrawal or until Petersen International Underwriters elects to cancel this agreement. I understand that if two or more deductions are not honored, Petersen International Underwriters has the right to discontinue my enrollment in the Electronic Funds Payment Plan.

Signature: _____ Date: _____