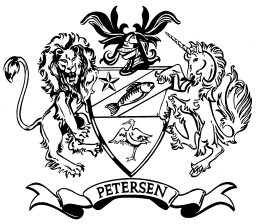

PETERSEN INTERNATIONAL UNDERWRITERS

Correspondents to Lloyd's of London

Domestic and International Disability - Medical - Life - Contingency Insurance Coverages

Credit Card Authorization Form

I _____ understand that a refund of premium, minus a $100 processing fee, will be made only if a written request is received by Petersen International Underwriters prior to the effective date of my policy. After the effective date the premium is fully earned and is non-refundable.

I hereby authorize Petersen International Underwriters to debit my credit card account for the total premium due, plus the credit card fee stated below. If I have elected the Annual, Semi-Annual, Quarterly or other installment payment modes I authorize Petersen International Underwriters to debit my credit card for the correct installment premium on the due dates of the installments, plus the credit card fee stated below. I understand that this authorization will remain in effect until Petersen International Underwriters receive written revocation. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters and my credit card company has accepted and validated my payment. I agree to comply with my cardholder agreement.

Credit Card Company:
- ❑ **Visa (2% credit card service charge)**
- ❑ **MasterCard (2% credit card service charge)**
- ❑ **American Express (3.5% credit card service charge)**

Credit Card #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: __ __ / __ __

Name as it appears on card: _____ **Insured's Name:** _____

Billing Address: _____

_____

Daytime Phone #: **(** __ __ __ **)** - __ __ __ - __ __ __ __ **Email:** _____

- ❑ **Single Payment**
- ❑ **Pre-authorized Annual Payments**
- ❑ **Pre-authorized Monthly Payments (Annual Premium times .086)**
- ❑ **Pre-authorized Quarterly Payments (Annual Premium times .285)**
- ❑ **Pre-authorized Semi-Annual Payments (Annual Premium times .55)**

Premium Amount: _____ (credit card service charge is in addition to the insurance premium stated here)

Signature: _____ Date: _____

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