



PAYMENT AUTHORIZATION FORM

Petersen International Underwriters
23929 Valencia Boulevard, Second Floor, Valencia, CA 91355
Phone (800) 345-8816 • Fax (661) 254-0604 • payment@piu.org

- One Payment Only: \$ _____
- Pre-Authorized Annual: \$ _____
- Pre-Authorized Semi-Annual (Annual x .55): \$ _____
- Pre-Authorized Quarterly (Annual x .285): \$ _____
- Pre-Authorized Monthly (Annual x .086)**Credit Card and EFT only* \$ _____
- Multi-Year Single Payment: \$ _____

| | | |
|-------------------------|-------|-------|
| Insured's Name | | |
| Account Billing Address | | |
| City | State | Zip |
| Email | | Phone |

Option 1) Credit Card -

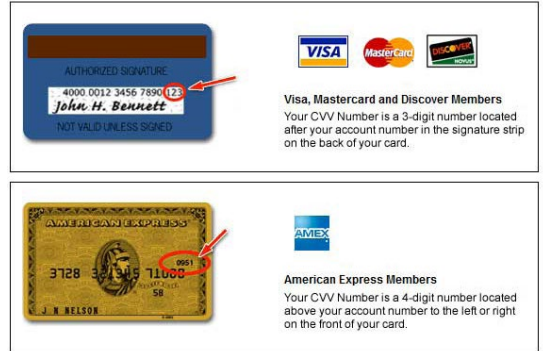


Card #

Expiration Date: /

Security Code:

Name on Card:



Option 2) Electronic Check - (Must be a U.S. Bank Account)

Select Account Type:

Checking **Routing #**
(9-digits)

Saving **Account #**

Name on Account

Please Include a Copy of a Voided Check

Option 3) Check - Please make checks payable to Petersen International Underwriters

I understand that this authorization will remain in effect until Petersen International Underwriters receives a written request from me to cancel my automatic withdrawal at least 3 days prior to the next scheduled 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 Transfer Payment Plan. 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.

Signature: _____ Date: _____