

# PAYMENT AUTHORIZATION FORM

Credit Card • Electronic Funds Transfer • Check

Select Payment Mode:

- 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	

## PAYMENT OPTIONS

<p>Select Payment Type:</p> <p><input type="radio"/> 1. Credit Card</p> <p><input type="radio"/> 2. EFT Payment</p> <p><input type="radio"/> 3. Check</p> <p>(Based upon your selection, please complete the corresponding section to the right)</p>	<p>1. Select Card Type:</p> <p><input type="radio"/> Visa / MasterCard (+2% fee)</p> <p><input type="radio"/> American Express (+3.5% fee)</p>	<p>Card # <input type="text"/></p> <p>Expiration Date: <input type="text"/> / <input type="text"/></p>	
	<p>2. Select Account Type:</p> <p><input type="radio"/> Checking</p> <p><input type="radio"/> Saving</p> <p>(Must be a U.S. Bank Account)</p>	<p>Routing # <input type="text"/> (9-digits)</p> <p>Account # <input type="text"/></p> <p><input type="button" value="Attach Voided Check"/></p>	
	<p>3. Please make checks payable to Petersen International Underwriters</p>		

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: \_\_\_\_\_

## RETURN INFORMATION



**PETERSEN**  
INTERNATIONAL UNDERWRITERS

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