

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

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

RETURN INFORMATION



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