



# BANK DRAFT AUTHORIZATION FORM

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

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

## Step 1) Please Select a Payment Mode

- ☐ Pre-Authorized Monthly (Annual x .086): \$ \_\_\_\_\_
- ☐ Pre-Authorized Quarterly (Annual x .285): \$ \_\_\_\_\_
- ☐ Pre-Authorized Semi-Annual (Annual x .55): \$ \_\_\_\_\_
- ☐ Pre-Authorized Annual: \$ \_\_\_\_\_
- ☐ Multi-Year Single Payment: \$ \_\_\_\_\_
- ☐ One Payment Only: \$ \_\_\_\_\_

## Step 2) Payment Information - **Must be a U.S. Bank Account**

Please Select Account Type: ☐ Checking ☐ Saving  
Nine Digit Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

## Step 3) Please Attach a Copy of a Voided Check

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 three 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: \_\_\_\_\_