



# 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  
CA License #: 0591207

Insured's Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
Account Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ACH Payment - Please include a Voided Check (Must be a U.S. Bank Account)**

Name on Bank Account: \_\_\_\_\_ Account Type:  Checking  Saving

Routing # (9-digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Mode/Amount:  Multi-Year Single Payment: \$ \_\_\_\_\_  
 One Payment Only: \$ \_\_\_\_\_  
 Pre-Authorized Annual: \$ \_\_\_\_\_  
 Pre-Authorized Semi-Annual (Annual x .55): \$ \_\_\_\_\_  
 Pre-Authorized Quarterly (Annual x .285): \$ \_\_\_\_\_  
 Pre-Authorized Monthly\* (Annual x .088): \$ \_\_\_\_\_

**Credit Card - \$50,000 Annual Premium Maximum**



Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Payment Mode/Amount:  One Payment Only: \$ \_\_\_\_\_ **\*\*\$50,000 maximum**  
 Pre-Authorized Annual: \$ \_\_\_\_\_ **\*\*\$50,000 maximum**  
 Pre-Authorized Semi-Annual (Annual x .55): \$ \_\_\_\_\_ **\*\*\$27,500 maximum**  
 Pre-Authorized Quarterly (Annual x .285): \$ \_\_\_\_\_ **\*\*\$14,250 maximum**  
 Pre-Authorized Monthly\* (Annual x .088): \$ \_\_\_\_\_ **\*\*\$4,400 maximum**

*\*Monthly payments must be pre-authorized*

**Check - Please make checks payable to Petersen International Underwriters**

**I UNDERSTAND THAT PREMIUM IS NOT REFUNDABLE. PREMIUM PAID IS FULLY EARNED ONCE PAID.**

I understand that this authorization will remain in effect until Petersen International Underwriters receives a written request from me to cancel my automatic transaction at least three days prior to the next scheduled transaction 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 ACH/Credit Card 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.

I certify that I am an authorized user of this ACH account/credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I further agree to authorize Petersen International Underwriters to charge my ACH account/credit card for the services provided, and in the event my ACH account/credit card becomes invalid, I will provide a new credit card upon request to be charged for the payment of any past due balances owed. I confirm that, unless I timely cancel this agreement, as set forth in the foregoing section, I am acknowledging receipt of the services and goods set forth in such invoice.

Charges made for actual services performed by Petersen International Underwriters are non-refundable and cannot be reversed by the financial institution/credit card issuer. I hereby waive my right of refund and will not dispute with my financial institution/credit card issuer any charges to my ACH account/credit card in accordance with this Agreement with Petersen International Underwriters.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_