



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): \$ _____

**If you have a debit block or fraud filter on your banking account, please provide your banking institution with our ACH Company ID: 3953493616 in order to authorize Petersen International Underwriters to process debits to your bank account.*

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



Name on Card: _____ Card #: _____
Expiration Date: _____ / _____ Security Code: _____

Payment Mode/Amount: ☐ Multi-Year Single Payment: \$ _____ ***\$50,000 maximum
☐ 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: _____