

PAYMENT AUTHORIZATION FORM

Credit Card • Electronic Funds Transfer • Check

Payment In Full: \$ _____

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

PAYMENT OPTIONS

Select Payment Type:

1. Credit Card
 2. EFT Payment
 3. Check

(Based upon your selection, please complete the corresponding section to the right)

1. Select Card Type:

- Visa / MasterCard (+2% fee)
 American Express (+3.5% fee)

Card #

Expiration Date: /

2. Select Account Type:

- Checking
 Saving

Routing #
(9-digits)

Account #

(Must be a U.S. Bank Account)

Attach Voided Check

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



PETERSEN
INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard, Second Floor, Valencia, CA 91355

(800) 345-8816 • (661) 254-0604 fax

www.piu.org • payment@piu.org