

# PAYMENT AUTHORIZATION FORM

Credit Card • Electronic Check • Check

Insured's Name: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_  
Account Billing Address: \_\_\_\_\_  
\_\_\_\_\_

## PAYMENT METHOD

### Check Payment

Payable To:

Petersen International Underwriters  
23929 Valencia Blvd. Suite 215  
Valencia, CA 91355

### Credit Card Payment

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

Credit Card

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Expiration Date

\_\_ \_\_ / \_\_ \_\_

### E-Check Payment

- Checking     Savings

1) Bank Routing #(9 digits):

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2) Name on Bank Account:

\_\_\_\_\_

3) Account Number:

\_\_\_\_\_

**Please Attach A  
Voided Check**

**Account Must Be A U.S. Account**

## Disclosure

I understand that this authorization will remain in effect until Petersen International Underwriters receives written request from me to cancel my automatic 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 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: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Cardholder/Account holder Signature)    Email Address: \_\_\_\_\_