

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

One Payment (Only: \$				
O Pre-Authorized	d Annual: \$				
O Pre-Authorized	d Semi-Annual (A	Annual x .55	5): \$		
O Pre-Authorize	d Quarterly (Ar	nual x .285	5): \$		
O Pre-Authorized	d Monthly (Annu	al x .086)*C	Credit Card and	l EFT only \$	
O Multi-Year Sing	gle Payment: \$		_		
Insured's Name					
msureus manie					
Account Billing Addre	ess				
City			Ctata	7:	
City			State	Zip	
Email				Phone	
Option 1) Electro	onic Check				
_	Account Tube	" [
	ecking	Routing # (9-digits)			
O Sav	C	Account #			
	C				
(Must be a U.S. Bank Account)			Attach Voided Check		
Option 2) Check Option 3) Credit		ecks payabl	e to Petersen I	nternational Underwriters	
Card #				FORECUPONING REPORT CALL TREATMENT AND AND AND COLD	4
	Expiration Date	:	/	Cavelholder Name Digit Code	Digit Code
	Security Code:			VISA	12/19 THRU 12/03 84 CARDHOLDER NAME
	security coue.				
cancel my automatic w to cancel this agreemen to discontinue my enro debit my account for the	ithdrawal at least 3 d nt. I understand that ollment in the Electro ne correct installmen have been submitted	ays prior to th if two or more onic Funds Tra t premium on and approved	te next scheduled to deductions are not ansfer Payment Plathe due dates of the by Petersen Inte	ernational Underwriters receives a wathdrawal or until Petersen Internation honored, Petersen International Uan. I hereby authorize Petersen Interthe installments. I understand that mational Underwriters. I acknowled w.	ional Underwriters elects Inderwriters has the right mational Underwriters to y coverage is not in effect
Signature:				Date:	