

# Premium Remittance Form

Premiums can be paid with one of the following methods  
Credit Card • Electronic Check • Check



Please select one of the following premium payment modes:

- One Transaction Only
- Multiple Year In Full Payment
- Pre-Authorized Annual Payments
- Pre-Authorized Semi-Annual Payments (Annual Premium Times .55)
- Pre-Authorized Quarterly Payments (Annual Premium Times .285)
- Pre-Authorized Monthly Payments (Annual Premium Times .086) - **Only Available With Electronic Check**

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

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## Electronic Check Payment

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Account Type:  Checking  Savings  
Bank Routing Number (9 digits): \_\_\_\_\_  
Name as it appears on Bank Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Premium Amount: \_\_\_\_\_

**Please Attach A Check For The First Payment To Complete This Agreement**

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## Credit Card Payment

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Credit Card Company:  Visa (2% fee)  MasterCard (2% fee)  American Express (3.5% fee)  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_

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## Check Payment

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Payable To: Petersen International Underwriters  
Remit Payment To: 23929 Valencia Boulevard Suite 215 • Valencia, CA 91355

I (account/cardholder) \_\_\_\_\_ hereby authorize Petersen International Underwriters to debit my account/credit card for the correct installment premium on the due dates of the installments. I understand that this authorization will remain in effect until Petersen International Underwriters receive written revocation. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters. I agree to comply with my cardholder agreement and/or I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
(Cardholder/Account holder Signature) Email Address: \_\_\_\_\_