



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Coverholder

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Telephone 800.345.8816 • Fax 661.254.0604

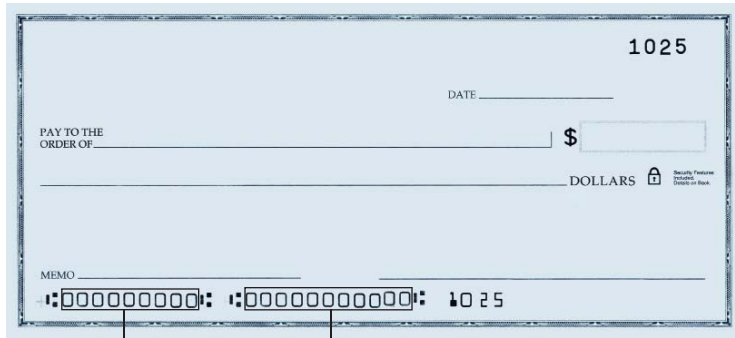
E-mail: piu@piu.org Website: www.piu.org

Bank Draft Authorization Form

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 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 acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Insured's Name: _____

Name as it appears on Bank Account: _____



Please attach a voided check to complete this authorization.

Bank Routing Number (9 digits): _____

Account Number: _____

Billing Address: _____

Daytime Phone #: (____) - ____ - _____ Email: _____

- 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)

Premium Amount: _____

Signature: _____ Date: _____