



PAYMENT AUTHORIZATION FORM

Insubuy, Inc.,
4200 Mapleshade Ln., Suite 200, Plano, TX 75093
Phone (866) INSUBUY • Fax (972) 767-4470 • info [at] insubuy.com

- One Payment Only: \$ _____
- Pre-Authorized Annual: \$ _____
- Pre-Authorized Semi-Annual (Annual x .55): \$ _____
- Pre-Authorized Quarterly (Annual x .285): \$ _____
- Pre-Authorized Monthly (Annual x .086)**Credit Card and EFT only* \$ _____
- Multi-Year Single Payment: \$ _____

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

Option 1) Electronic Check

Select Account Type:

Checking

Saving

(Must be a U.S. Bank Account)

Routing #
(9-digits)

Account #

Attach Voided Check

Option 2) Check - Please make checks payable to Petersen International Underwriters

Option 3) Credit Card

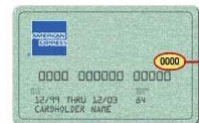
Card #

Expiration Date: /

Security Code:



3
Digit
Code



4
Digit
Code

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: _____