



# PAYMENT AUTHORIZATION FORM

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

Insured's Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
Account Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Option 1) ACH Payment - Please include a Voided Check (Must be a U.S. Bank Account)

Name on Bank Account: \_\_\_\_\_ Account Type:  Checking  Saving  
Routing # (9-digits): \_\_\_\_\_ Account #: \_\_\_\_\_  
Payment Mode/Amount:  Multi-Year Single Payment: \$ \_\_\_\_\_  
 One Payment Only: \$ \_\_\_\_\_  
 Pre-Authorized Annual: \$ \_\_\_\_\_  
 Pre-Authorized Semi-Annual (Annual x .55): \$ \_\_\_\_\_  
 Pre-Authorized Quarterly (Annual x .285): \$ \_\_\_\_\_  
 Pre-Authorized Monthly\* (Annual x .088): \$ \_\_\_\_\_

## Option 2) Credit Card - \$50,000 Annual Premium Maximum



Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_  
Payment Mode/Amount:  Multi-Year Single Payment: \$ \_\_\_\_\_ **\*\*\$50,000 maximum**  
 One Payment Only: \$ \_\_\_\_\_ **\*\*\$50,000 maximum**  
 Pre-Authorized Annual: \$ \_\_\_\_\_ **\*\*\$50,000 maximum**  
 Pre-Authorized Semi-Annual (Annual x .55): \$ \_\_\_\_\_ **\*\*\$27,500 maximum**  
 Pre-Authorized Quarterly (Annual x .285): \$ \_\_\_\_\_ **\*\*\$14,250 maximum**  
 Pre-Authorized Monthly\* (Annual x .088): \$ \_\_\_\_\_ **\*\*\$4,400 maximum**

*\*Monthly payments must be pre-authorized*

### I UNDERSTAND THAT PREMIUM IS NOT REFUNDABLE. PREMIUM PAID IS FULLY EARNED ONCE PAID.

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 three 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 ACH/Credit Card 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.

\_\_\_\_\_ (initial) I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I further agree to authorize Petersen International Underwriters to charge my credit card for the services provided, and in the event my credit card becomes invalid, I will provide a new credit card upon request to be charged for the payment of any past due balances owed. I confirm that, unless I timely cancel this agreement, as set forth in the foregoing section, I am acknowledging receipt of the services and goods set forth in such invoice.

\_\_\_\_\_ (initial) Charges made for actual services performed by Petersen International Underwriters are non-refundable and cannot be reversed by the credit card issuer. I hereby waive my right of refund and will not dispute with my credit card issuer any charges to my credit card in accordance with this Agreement with Petersen International Underwriters.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_