



- **If you would like to set up an electronic payment, please complete the form below.**
 - To **submit by email**, please complete the form on your computer (Do NOT SIGN). Next “save as” a pdf to a location on your computer (i.e. desktop or my documents folder). From there, open your email application or provider, attach the pdf, and email to wp@peinsurance.com. **We will then send the document back to you for electronic signature** (this is very fast and easy).

OR

- You can complete the application and then **print, sign and mail** to:

**Pacific Educators
2808 E. Katella Ave., Suite 101
Orange, CA 92867**

- If you have any questions, please do not hesitate to contact us directly (800) 722-3365 (or) wp@peinsurance.com

A Simple Option for Direct Bill Payment

Pacific Educators now offers a convenient Automatic Payment Option to have premium payments withdrawn directly from your bank. No more writing checks, making sure they're mailed on time, or worrying about missed payments when you're away from home.

It's Simple:

Schedule Automatic Payments Monthly, Quarterly, Semi-Annually or Annually. It's up to You...

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS) OF INSURANCE PREMIUMS

I(we) herby authorize Pacific Educators, Inc. to withdraw (debit) monies from my(our) account indicated below at the financial institution named below for premium payments due to Pacific Educators. I agree that this Authorization in no way affects the terms of the policy(ies), other than the mode of payment. I understand that if funds are not available in my(our) account on the designated withdrawal date and the premium is not paid when due, then the policy or policies may be terminated in accordance with policy provisions. I understand that there will be a one dollar administrative fee per payment. I further understand that Pacific Educators, Inc. is not responsible for any fees my financial institution may charge as a result of insufficient funds for a payment.

Please Bill Me: The same as my current plan
Or change to: Annual Semi-Annual Quarterly Monthly

Please initiate this transaction

on the 3rd business day after the: 1st of the month 15th of the month

_____ Checking Acct Savings Acct
Insured Name

_____ Or you may send a copy of a voided check
Bank Account Routing Number Bank Account Number

_____ Signature _____ Date
Bank Account Authorized Signer (please print)

This authority remains in full force and effect as long as your Pacific Educators Account is active or until Pacific Educators has received written notification of its termination in such a manner as to give Pacific Educators and the financial institutions a reasonable opportunity to act. To change the amount of your withdrawal, please contact Pacific Educators, Inc at least four days before the due date on your statement.

Please submit this enrollment form to:

Pacific Educators, Inc
2808 E. Katella Ave., Ste 101
Orange, CA 92867

If you have any questions regarding our Automatic Payment Plan, please contact the Direct Bill Department at (800)722-3365 or (714)639-0962.