



REQUEST FOR CHANGE OF PREMIUM PAYMENT MODE/TYPE

Instructions:

This form is intended for the use of making changes to the premium mode and/or type.

If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632.

INSURED'S FIRST (MI) LAST NAME _____

CERTIFICATE _____

PREMIUM PAYMENT MODE

Change Payment Mode from:

- Annual
- Semi-Annual \$ _____
- Quarterly PREMIUM
- Monthly

TO

To new Payment Mode:

- Annual
- Semi-Annual \$ _____
- Quarterly PREMIUM
- Monthly

Effective Date as of _____.

PREMIUM PAYMENT TYPE

Change Payment Type from:

- ACH
- PCA
- Direct Billing

TO

To new Payment Type from:

- ACH (use form *ACH1*)
- PCA (use form *PCA*)
- Direct Billing

Effective Date as of _____.

PREMIUM PAYMENT DATE

Change Payment Date from:

TO

Change Payment Date to:



SIGNATURE OF OWNER _____

DATE OF SIGNATURE _____

PRCUA may contact me for verification of any changes at _____.