

## Claims Payment Method

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PartnerRe America Insurance Company processes claims payments via ACH (electronic funds transfer).

Please complete the following account information. Submit this form to the Accounting Department.

### Client/Policyholder Name

For ACH Payments:

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Please attach bank account confirmation either on company or bank letterhead.

### Authorization:

Payee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

The authority will remain in effect until cancelled in writing.

For questions, please contact the Accounting Department.

Please submit the completed form to:

PartnerRe America Insurance Company  
450 Sansome Street, 4<sup>th</sup> Floor  
San Francisco, CA 94111  
PREHAccounting@partnerre.com