



Claim Payment Method

PartnerRe America Insurance Company processes claims 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: _____

This 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
PREHAccounting@partnerre.com

CLM0419