

Payment Authorization Form

- To prevent any delays in claims handling, please be sure to sign this form.
- The **Name** in contact information must match exactly the name on the ACH, checking, or wire transfer account.
- Joint accounts require all names.

Contact Information

| | | | |
|---|--|-----------------------|--------------|
| Name Account Holder(s) | Telephone | | |
| Email address | I authorize Seven Corners, Inc. to contact me using this email address to discuss and/or inform me of payment confirmation. <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Mailing address (P.O. boxes are not accepted) | City | State/Province/Region | ZIP/Postcode |

1 Payment Type

| | |
|---|---|
| <input type="checkbox"/> Check (check will ship to address above) | <input type="checkbox"/> ACH/EFT: US \$ Canada(CAD) \$ – complete section 2 |
| <input type="checkbox"/> International Wire Transfer – complete section 3 | |

2 U.S. Account Information

| | | | |
|--|----------------|-----------------|-----------------------|
| Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | Full Bank Name: | |
| Bank street address | City | State | Zip Code/ Postcode |
| ABA routing number | Account number | | SWIFT BIC |

3 International/non-U.S. Account Information - Complete for payment through bank transfer outside the U.S.

| | | | |
|-------------------------------|---|----------------------------------|-----------------------|
| Bank's full name | | | |
| Bank street address | City | State/Province/Region | Zip Code/ Postcode |
| Account number | Routing Number (BLZ, BSB, TRNO, branch code, etc.) | | |
| IBAN | SWIFT BIC | Preferred reimbursement currency | |
| REGULATORY INFORMATION | | | |
| Bank phone number | Identification number | | |
| | Account type: <input type="checkbox"/> ID <input type="checkbox"/> NIT <input type="checkbox"/> RIF <input type="checkbox"/> CPF <input type="checkbox"/> CNPJ <input type="checkbox"/> RUT <input type="checkbox"/> CUIT <input type="checkbox"/> OTHER | | |

I hereby authorize Seven Corners, Inc. (hereinafter COMPANY) to mail any payments to the above listed address and to deposit any amounts owed me for reimbursement of medical expenses or services rendered by initiating credit entries to my account at the financial institution (hereby BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY erroneously deposits funds in my account (by way of example, I am not entitled to the funds or the amount of deposit is incorrect or such funds are deposited in the wrong account), I authorize COMPANY to debit or credit my account in the amount necessary to correct the initial deposit, but in no case shall any debit exceed the amount of the initial deposit. I further agree COMPANY is not responsible for any transaction fees charged and will release Seven Corners of any liability in the event of lost or stolen payments.

| | |
|--------------------------|------|
| Account holder signature | Date |
|--------------------------|------|