

Payment Authorization Form

The **Name** in box 2 must match exactly the name on the ACH, checking, or wire transfer account. Joint accounts require all names.

1 Payment Type

Method of payment:	
<input type="checkbox"/> International Wire Transfer – complete sections 2 and 4	<input type="checkbox"/> ACH: U.S. \$ – complete sections 2 and 3
<input type="checkbox"/> Check – complete section 2, check will ship to this address	<input type="checkbox"/> ACH: Canada \$, Euros & Pounds – complete sections 2 and 4

2 Contact Information

Name <i>Account Holder(s)</i>	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

3 U.S. Account Information

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

4 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	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
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