



PAYMENT AUTHORIZATION INSTRUCTIONS

By completing and submitting the Payment Authorization Form, you will provide the necessary financial information to be reimbursed for your expenses.

PAYMENT AUTHORIZATION FORM INSTRUCTIONS

1. Please complete all sections legibly and completely. If a question does not apply to you, please use n/a.
2. Please sign and date appropriately.
3. For an ACH, if the bank is located in the United States, complete boxes 1 and 2. *(The names in box 1 and 2 must match.)*
4. For an ACH, if the bank is located outside of the United States, complete boxes 1 and 3. *(The names in box 1 and 3 must match.)*
5. For a wire transfer, complete boxes 1 and 3. *(The names in box 1 and 3 must match.)*
6. For a check, complete boxes 1 and 2. *(The names in box 1 and 2 must match.)*
7. For more information about how to file a claim visit: www.sevencorners.com/file-a-claim

CLAIMS DOCUMENTS MUST BE SIGNED AND SUBMITTED WITHIN 90 DAYS FROM THE DATE OF SERVICE
VIA POSTAL MAIL, FAX OR EMAIL ATTACHMENT TO:

Seven Corners, Inc.
Attn: Claims
303 Congressional Boulevard
Carmel, IN 46032 USA
U.S : 317-757-2656
Toll Free: 1(800)335-0477
Fax: (+01) 317-575-2256
Email: claims@sevencorners.com

PAYMENT AUTHORIZATION FORM

1. For an ACH, if the bank is located in the United States, complete boxes 1 and 2. (The names in box 1 and 2 must match.)
2. For an ACH, if the bank is located outside of the United States, complete boxes 1 and 3. (The names in box 1 and 3 must match.)
3. For a wire transfer, complete boxes 1 and 3. (The names in box 1 and 3 must match.)
4. For a check, complete boxes 1 and 2. (The names in box 1 and 2 must match.)

METHOD OF PAYMENT - ONE MUST BE SELECTED

 ACH

Only in U.S. \$, Canada \$
Euros & Pounds

 Check

Check will be written and shipped to
person in "Contact Information" field.

 International Wire Transfer

1 - CONTACT INFORMATION

(P.O. Boxes are not accepted)

Name: _____

Physical/Street Address: _____

Email: _____ Telephone Number: _____

I authorize Seven Corners, Inc. to contact me using the email address I provided in this form to discuss and/or inform me of payment confirmation.

2 - US ACCOUNT INFORMATION - COMPLETE FOR ACH PAYMENT IF BANK IS IN THE U.S. (NO FEES APPLIED)

(Name in "Contact Information" must match name on bank account)

Account Type: Checking Savings

Account Holder(s) Name: _____ Full Bank Name: _____

Complete Bank Address: _____

ABA Routing Number: _____ Account Number: _____

3 - INTERNATIONAL / NON-US ACCOUNT INFORMATION - COMPLETE FOR WIRE TRANSFER PAYMENT OR ACH OUTSIDE THE U.S.

Preferred Reimbursement Currency: _____

Full Bank Name: _____ Branch Name/Number: _____

Complete Bank Address: _____

Account Holder(s) Name: _____

(Exact, full, legal name(s) of account holder(s) as it appears on bank statements. Joint accounts require all names.)

Account Number: _____

Complete the fields below as appropriate for your specific account. Please contact your bank to confirm the exact information required to successfully receive a foreign funds transfer.

Routing Number: _____ SWIFT/BIC: _____

IBAN: _____ CLABE: _____

BSB: _____ Sort Code: _____

Other (please specify): _____

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