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P (877) 444-0484
 F (732) 791-9431

Direct Payment Authorization

Please complete the information below and be sure to sign the form

I authorize Conventus Inter-Insurance Exchange to initiate electronic debit entries to my:

_____ Checking Account	or	_____ Savings Account
_____ Withdraw 1 st Payment ONLY*	or	_____ Continuous Withdrawal*

For payment of my Professional Liability Insurance Premium

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect at each renewal period. ACH will be drafted on the renewal/installment date consistent with the current billing plan.

You must notify us in writing to terminate this authorization.

FINANCIAL INSTITUTION NAME (Please Print) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY & STATE _____

Your name (please print): _____

Signature: _____ **Date:** _____

*PLEASE NOTE THAT IN ORDER FOR A COI TO BE RELEASED, THE ACH PAYMENT WILL BE PROCESSED IMMEDIATELY

Please fax or email the completed form to:
(732) 791-1693 or (732) 791-1715
Email: Conventusbilling@nipgroup.com