



NIP Management Company, LLC, Attorney-In-Fact  
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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<sup>st</sup> 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:**

**Account Number at Financial Institution:**

**Financial Institution Routing Number:**

**Financial Institution City & State:**

**Your name:**

**Signature:**

**Date:**

**\*Please note, for a COI to be released, the ACH Payment will be processed immediately.**

**Please fax the completed form to: (732) 791-1693 or (732) 791-1715**