CONVENTUS
MEDICAL PROFESSIONAL LIABILITY INSURANCE

Physician Owned and Governed, since 2002

Loss Run 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

_____ $30 Individual Loss Run **or** _____ $100 Group Loss Run

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is in effect for a one-time payment as indicated above. ACH will be drafted within five (5) business days of receipt.

PLEASE PRINT

Financial Institution Name: _____

Account Number at Financial Institution: _____

Financial Institution Routing Number: _____

Financial Institution City & State: _____

Your name: _____

Signature: _____ **Date:** _____

Please email this completed form to Scott Genualdi at sgenualdi@nipgroup.com