

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: Rodney Lester Larson

Physical/Street Address: 4713 Dominick Drive, Minnetonka, MN 55343

Email: rodlarson100@yahoo.com

Telephone Number: 1-952-960-1935

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: Rodney L. Larson

Full Bank Name: First Minnetonka City Bank

Complete Bank Address: 14550 Excelsior Blvd., Minnetonka, MN 55345

ABA Routing Number: 091014458

Account Number: 299671

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.

Rodney Lester Larson
Account Holder Signature

January 27, 2015
Date