



Correspondence/Payment Instructions

Grantee / Participant: Patient:	ID #: e-mail address:
Correspondence to US: <input type="checkbox"/> Yes <input type="checkbox"/> No Address in the US:	Phone # in the US:
Correspondence to Out of the US <input type="checkbox"/> Yes <input type="checkbox"/> No Address outside the US:	Phone # out of the US:
Payments to be sent to: Address in US: <input type="checkbox"/> Yes <input type="checkbox"/> No Address out of the US <input type="checkbox"/> Yes <input type="checkbox"/> No Bank account in the US*: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide Banking Information) Bank's name: _____ Bank's Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: _____ Bank's Account: _____ Type of account: _____ Bank currency for this account: _____ Bank routing/sort code: _____ *Checks cannot be sent to Banks Outside the United States **Wire transfer for Banks Outside the United States only (Greater than \$50.00 USD)	

Disclaimer:

I hereby authorize and request Seven Corners to mail any correspondence and/or payments to the above listed address. I further agree to release Seven Corners of any liability in the event of lost or stolen correspondence/payments.

Signature of Insured

Date