

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor
2. **Name of Contract: Western Commerce Bank Premium Finance Agreement**
3. **Contract Parties: MCHA and Western Commerce Bank**
4. **Contract Type Services: Insurance Premium Financing via Auto Draft through**
5. **Impacted Hospital Departments: Finance**
6. **Contract Summary: 10 (ten) monthly payments @ 5.025% of \$6,510.77. Payments will be made electronically through the secure Western Commerce Bank online portal.**
7. **Cost: N/A**
8. **Prior Cost: N/A**
9. **Term: One Year**
10. **Termination Clause:**
11. **Other: This agreement and process are very similar to last year's arrangements.**