



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH)

COMPANY NAME RAIN AND HAIL L.L.C. COMPANY ID NUMBER 42-1454388

I (we) hereby authorize RAIN AND HAIL L.L.C., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Account Savings Account (select one) indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. The person completing the Authorization Agreement for Direct Deposit (ACH) is certifying that the transaction will not be transferring to or through a financial institution that is not located in the territorial jurisdiction of the United States.

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NAME _____

ROUTING NUMBER _____ ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

POLICY NUMBER _____ POLICY STATE _____

DATE _____ SIGNED _____ SIGNED _____

Instructions for filling out Authorization Agreement

1. Indicate by marking the appropriate box if you choose to have the ACH transactions deposited into your checking account or savings account.
2. List the name of the financial institution where you maintain the account to be affected by the ACH transactions.
3. List the city, state, and zip code of your financial institution.
4. List your bank account name.
5. List your bank routing number. This is a nine digit number that can be located on either your deposit slip or your checkbook.
6. List your bank account number.
7. Print the name of your business or your individual name, whichever is applicable. The name you print should be consistent with the name that would appear on a check.
8. List the policy number and the location state of the policy if applicable.
9. Please date and sign the form. There are two places to sign in the event that the account is a joint account or a dual signature account.
10. **Please forward a voided check or a copy of a voided check with the authorization agreement.**

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint:

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities:

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

Agents, Loss Adjusters, and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA, or by approved insurance providers (AIPs), that have been approved by the Federal Crop Insurance Corporation (FCIC), to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.