



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)

AGENCY CODE _____ AGENCY STATE _____

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.

NON-DISCRIMINATION STATEMENT

Non-Discrimination Policy

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

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 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

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.