



Note: Funds will be deposited two business days following the indemnity processing date.

Electronic Funds Transfer (REFT) Direct Deposit Authorization Form

1. CHECK APPROPRIATE BOX
[] Set-up direct deposit [] Change existing direct deposit [] Cancel direct deposit

2. POLICYHOLDER NAME

3. TAX ID NUMBER 4. TAX ID TYPE
[] SSN [] EIN
Direct Deposit will be attached to all policies with the Tax ID Number listed above.

If an assignment of indemnity or transfer of right to indemnity exists on the policy the net indemnity will be paid via check.

5. FILL IN INFORMATION REQUESTED BELOW:
Routing transit number of the financial institution where deposit is to be made:
[] Checking [] Savings
Account Number (beginning in the first box):

IMPORTANT: Attach a voided check for direct deposit account listed above.

I hereby authorize Rural Community Insurance Services (RCIS) to initiate credit and debit entries to the account that I have listed above in accordance with terms for all deposit accounts. This authority remains in effect until RCIS or the above financial institution receives notification to the contrary.

6. SIGNATURE 7. EMAIL ADDRESS 8. PHONE NUMBER 9. DATE

If you have any questions regarding this form, please contact Loss Accounting at 800/328-9143.

INSTRUCTIONS: You must sign and date the form; send to RCIS, Attn: Accounting Department, 3501 Thurston Ave., Anoka, MN 55303-1060.

To set up or change net indemnity deposit into a checking or savings account:

- 1. Check the appropriate box.
2. Enter routing transit number of the financial institution where deposit is to be made.
3. Enter the account number where deposit is to be made.
4. Check the type of account (checking or savings).
5. Attach a blank voided check for the account where deposit is to be made.
6. Sign form on the Signature line.
7. Enter your Email address
8. Enter phone number
9. Enter current date

Pre-note: Direct deposits will be "pre-noted" for 5 business days from receipt by RCIS to detect any problems with your bank transit account number. During the pre-note period any indemnity paid will be issued via check

Note: If you close a bank account, you must complete a direct deposit authorization form to cancel the appropriate direct deposit. Submit the form to the RCIS Accounting Department, 3501 Thurston Ave. Anoka, MN 55303. If Accounting is not notified with sufficient lead-time to prevent the direct deposit from occurring, and funds are directed into the closed account, the direct deposit will reject at your financial institution. Funds will not be available until RCIS receives a credit from your financial institution.

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 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.