

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS**

I (we) hereby authorize River Valley Underwriters, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U S law.

| | | |
|------------------------------|------------------|--------------------------------------|
| (Financial Institution Name) | (Branch) | |
| (Address) | (City-State) | (Zip) |
| (Routing/Transit Number) | (Account Number) | Type of Acct: Checking Savings |

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

| | |
|-------------------------|-------------------------|
| (Print Individual Name) | (Print Individual Name) |
| (Signature) | |
| (Signature) | |
| (Date) | |

FORM CANNOT BE PROCESSED
WITHOUT COPY OF VOIDED CHECK
PLEASE ATTACH HERE
(Customer retains second copy)