



Rayant Insurance Company of New York  
Rayant Insurance Company of Pennsylvania  
Horizon Companies

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Provider Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

We hereby authorize Rayant, 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 ( ) or Savings ( ) account (select one) indicated below at the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository (Bank) Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Print: \_\_\_\_\_

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Signed: \_\_\_\_\_

**ATTACH BELOW A VOIDED BLANK CHECK IF DEPOSIT IS TO BE MADE TO  
A CHECKING ACCOUNT.**