The W.H. Brownyard Corporation Automated Clearing House (ACH) Payment Option

Please complete this form in its entirety to avoid processing delay

This day,	, I/We hereby authorize
	tion appointed agent of Arch Insurance
Company/Arch Specialty Insu	rance Company to initiate a domestic credit entry to
our checking account at the d	lepository bank below. I/We acknowledge that the
origination of the ACH transa	ction to my/our account must comply with the
provisions of U.S. law including	ng laws governing the Office of Foreign Assets
Control (OFAC).	
Depository Bank Name:	
City: State: _	
Name on account name: _	
Routing Number:	
Account Number:	
	Frequency:
This authorization is to remain in full t	force and effect until The W.H. Brownyard Corporation has
	e/us of its termination in such time and in such manner as to afford
The W.H. Brownyard Corporation and	d Depository Bank a reasonable opportunity to act on it.
Signor Name Printed:	
Signor Signature:	