



AUTOPAY AUTHORIZATION FORM

Complete and sign the below information and return to Cypress Premium Funding, Inc. by one of the following:

Fax: 949-487-0640 or e-mail: tclemons@cypressfunding.com

I hereby authorize Cypress Premium Funding Inc. to process check with draws from my account at the financial institution named below. I agree to not hold CPF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.. In addition, undersigned acknowledges that for its protection and the protection of Cypress, any request to change or stop the withdrawal must be made in writing and must bear the signature of the undersigned.

Company Name _____ Monthly Debit _____

CPF Acct # _____ Start Date _____

Name of Bank _____

Routing# _____ Account # _____

****Copy of voided Check****

***** Please note, you must receive a written confirmation from CPF within 72 hours of submitting this form. If you do not receive one, please call 800-506-0602 immediately!**

Authorized signer _____ Date _____