



AutoPay Authorization Form

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

Fax: 949-606-0356 or Email: tclemons@cypressfunding.com

I hereby authorize Cypress Premium Funding, Inc., to automatically withdraw monthly payments from my bank account at the financial institution named below on my payment due date. 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. If funds are not available for ACH, your account will be removed from ACH immediately and may be subject to cancellation. In addition, undersigned acknowledges that for its protection and the protection of CPF, any request to change or stop the withdrawals must be made in writing and must bear the signature of the undersigned.

DBA Name _____
CPF Acct # _____ Month to Start ACH _____
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 _____

CYPRESS Premium Funding Inc.
28202 Cabot Rd. Ste 435 - Laguna Niguel, CA 92677
800-506-0602 Fax 949-487-0640
www.cypressfunding.com - info@cypressfunding.com