



AUTOMATIC DEBIT AUTHORIZATION

I hereby authorize Cypress Premium Funding, Inc. (CPF) to initiate debits from my account at the financial institution named below. These amounts represent the payment and future revised amounts on my premium finance loan noted below. I agree not to hold CPF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until CPF receives a 30 day written notice of cancellation from me or my financial institution.

AGREED TO BY

Company Name: _____

Monthly Pmt(debit): _____ CPF Account#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Start Date: _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking: Savings:

****** ATTACH VOIDED CHECK HERE ******

Cypress Premium Funding, Inc.

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