



*Instructions for the*  
**Electronic Funds Transfer (EFT) Authorization Agreement for  
Broker Commission Payments**

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RECEIVE ELECTRONIC COMMISSIONS PAYMENTS FASTER THAN MAILING PAPER CHECKS—FOR FREE!

### Three Easy Steps for Broker EFT Enrollment

1. Fill in the attached **Broker EFT Authorization Agreement** form
2. Attach a *voided check* from your financial institution
3. Email completed form and voided check to your account manager

### Why enroll in EFT?

#### *Direct Checking and Savings Account Payments*

Prompt payments are always a concern. Electronic Funds Transfer (EFT)—a secure and free online procedure—replaces paper checks. This access enables you to:

- Receive broker commission payments in established bank accounts up to a week faster than paper checks.
- Decrease incoming mail, eliminating delays or mistakes due to hard copy procedures.
- Lower administrative costs, save paper, and take advantage of a convenient audit trail.
- Agency Admins can review broker commission statements conveniently on the Producer Portal.



## Broker Electronic Funds Transfer (EFT) Authorization Agreement

Get your reimbursement faster and easier with EFT! To receive your payments by EFT, please complete this form and submit with a voided check. (This Authorization Agreement will not be valid without a voided check.)

<b>Submission Reason</b> <i>(select one)</i>		
<input type="checkbox"/> New EFT Authorization <input type="checkbox"/> Account or bank change to existing EFT Authorization		
<b>Agency Information</b>		
Agency Name	Taxpayer Identification Number	Select one checkbox. <input type="checkbox"/> SSN/TIN <input type="checkbox"/> EIN
Street Address		
City	State	Zip Code
Phone Number	Email Address	
<b>Financial Institution Information</b>		
Financial Institution Name	Routing Number <i>(Include 9 digits with any leading zeros)</i>	
Account type <i>(select one)</i> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number <i>(Include up to 10 digits with any leading zeros)</i>	
<p style="color: red; font-weight: bold;">Note: Please return this form with a voided check or the Authorization Agreement will not be valid.</p>		
<b>Authorization</b>		
<p><i>I hereby authorize Cypress Dental, on behalf of itself and its affiliates, (hereinafter "Company") to initiate credit entries to the account at the financial institution listed above for all payments. I authorize and request the financial institution to accept credit entries by Company to such account and to credit the same to such account. If Company credits more money than the correct payment amount due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership, and the same dates of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error) I authorize Company to withdraw the overpayment electronically. I accept responsibility for any resulting loss of payment and release Company from any liability for or arising from my failure to submit accurate or updated information to Company. I understand that I must communicate any changes in my information to Company. This authorization is effective as of the signature date below and is to remain in full force and effect until Company has received written notification from me of its termination or Company notifies me that this service has been terminated. I agree to provide notification of change/termination 30 days in advance. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth herein. Furthermore, I certify that the information provided is true and accurate in all respects and that I have been duly authorized to enter into this agreement.</i></p>		
Printed Name	Title	
Authorized Signature	Date	

Attach Voided Check here.