



7510 Shoreline Drive
Stockton, CA 95219
(800) 350-3989
billing@cypressadmin.com

AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize Cypress Ancillary Benefits to electronically debit my account (and if necessary, to electronically credit my account to correct erroneous debits) at the financial institution named below. I agree that the ACH transactions I authorize comply with all applicable laws.

Group Name: _____ Group #: _____

Authorization Frequency: (please check one)

One Time Only for \$_____ Recurring Monthly Premium Payment

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking Account Savings Account

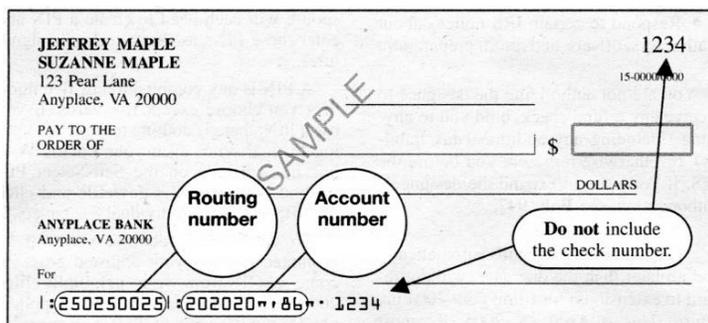
I understand that this authorization will remain in full force and effect until I notify Cypress Ancillary Benefits in writing at 7510 Shoreline Drive, Stockton CA 95219, Attn: Billing Administration, or by calling 800-350-3989 at least 30 days prior to the proposed effective date of the termination of authorization.

PLEASE NOTE: You will continue to receive a monthly invoice which will indicate the amount that will be automatically deducted from the account the following month. The debit will occur between the 1st and 5th of every month for the current coverage month. A return fee of \$15 will be applied to any returned items.

Authorized Signature(s): _____ Date: _____

Print Name and Title: _____

Please attached a VOIDED CHECK to this authorization if a checking account will be debited.



Note. The routing and account numbers may be in different places on your check.