

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

REALTOR
NAME _____ GROUP # _____

I (we) hereby authorize Cypress Benefit Administrators, hereinafter called COMPANY, to initiate debit entries to my (our) (select one) **Checking** **Savings** account indicated below at the depository Financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

NOTE: EFT TRANSACTIONS WILL BE DEDUCTED ON THE 1ST OF EACH MONTH (OR THE FIRST BUSINESS DAY AFTER THE 1ST).