



7510 Shoreline Drive, Suite A-1  
 Stockton, CA 95219  
 800-350-3989  
 209-478-5614-fax

## Cypress Electronic Funds Transfer Authorization

Group Name:	
Group Number:	
Group Contact Person:	Phone Number:
Group Contact Email Address:	

Bank Name:																														
Account Holder Name:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>																													
Routing number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											Account number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			

You will continue to receive a monthly invoice which will indicate the amount that will be automatically deducted from the account the following month.

I hereby authorize Cypress Ancillary Benefits to initiate premium deductions and/or administrative fee deductions via Electronic Funds Transfer (ACH) debit transactions from the designated account listed above for this company's active group. This authorization will remain in effect until Cypress Ancillary Benefits has received written notification of termination. Notice must be received in time and in such a manner to afford Cypress Ancillary Benefits reasonable opportunity to act on it. The debit will occur on or after the 1st business day of the month for that month's coverage and will be on a pay-as-billed basis. A return fee of \$15 will be applied to any returned items.

Authorized signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Please fax or mail the completed Authorization form with a copy of voided check to:

Cypress Ancillary Benefits  
 7510 Shoreline Drive, Ste A-1  
 Stockton, CA 95219  
 Fax: 209-478-5614  
 Email: [billing@cypressadmin.com](mailto:billing@cypressadmin.com)