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| 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. THIS AGREEMENT WILL REMIAN IN-FORCE FOR ONE YEAR UNLESS A QUALIFY EVENT OCCURS. WRITTEN PROFF OF QUALIFYING EVENT MAY BE REQUIRED AND SUBSTANTIATED.  A VOIDED CHECK MUST BE PROVIDED FOR VERIFICATION.  NOTE: EFT TRANSACTIONS WILL BE DEDUCTED ON THE 1ST OF EACH MONTH (OR THE FIRST BUSINESS DAY AFTER THE 1ST).  |
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Debit Authorization