



Cypress Advantage
 Your ATM Alliance
 800-723-3163

MASTER ACH AUTHORIZATION
for Payment of any Invoice(s)

AFFILIATE NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

The Affiliate identified above, by his/her signature below, hereby authorizes Cypress Advantage ("Cypress") and such financial institution as Cypress, may in its sole discretion select, to initiate and/or transmit one (1) automatic clearing house (ACH) debit entry to the Affiliate's account identified herein below, for any invoice(s) issued by Cypress. The parties agree and understand that this ACH authorization is for payment of any open invoice(s), a credit entry shall only be authorized for a single reversal related to this transaction. Affiliate acknowledges that the purpose of this ACH release is for the payment to Cypress for the all goods or services from Cypress to Affiliate and that this constitutes a valid business relationship between the two parties. The Affiliate agrees to indemnify and hold Cypress' financial institution harmless from any and all claims associated with compliance with the aforementioned single use ACH authority. Affiliate agrees to provide a voided check to properly validate Affiliate's account and routing numbers. This Authorization will remain in effect until retracted by Affiliate in writing.

Signature: _____ Date: _____

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Routing and Transit #: _____ Account #: _____

Date ACH Transaction shall occur: **Within 1 week of invoice date** Authorized ACH Amount: **Equal to amount on invoice(s)**

Consumer Inquiries, contact: **Cypress Advantage, 8409 E South Riverway, Spokane WA, 99212**

Fax to: 866-815-3718 or email Data@CypressAdvantage.com

***RETURN THIS FORM WITH:
 A VOIDED CHECK TO THE ACCOUNT SHOWN ABOVE***