



ECLIPSE OUTDOOR ACH AUTHORIZATION FORM

I, _____

Authorize ECLIPSE OUTDOOR to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Account Name: _____

Name on Bank: _____

Bank Phone #: _____

Checking Account #: _____

Routing #: _____

Please Check one: Recurring One-time charge

I have read and agree to all the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand that this binding agreement and I will receive an ACH draft in my statement when the item has cleared.

I (we) understand this authorization will remain in full force and effect until I (we) notify Eclipse Outdoor my written notice of cancellation via mail, fax or email. I (we) understand that Eclipse Outdoor needs at least 15 days prior notice in order to cancel this authorization.

I understand that all ACH transaction are subject to a \$65.00 NSF Fee.

Authorized Accountholder Signature (required)

Date (required)

<p>Attach your check here (required)</p> <p>Fax: 845-692-7010</p> <p>OR</p> <p>Email: ncar@eclipseoutdoor.com</p> <p>OR</p> <p>Mail:</p> <p>Eclipse Outdoor</p> <p>1760 Rt. 211 East</p> <p>Middletown, NY 10941</p>
--