

Eclipse Check Draft/ACH Authorization Form

→ I, _____, hereby authorize Eclipse Marketing & Insurance Services to duplicate the attached, or otherwise provided check, in bank draft form.

I have read and agree to all of the terms and condition 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 this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I also understand that if my item or items are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Eclipse Marketing & Insurance Services will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$45, or the maximum returned check charge allowed in my state.

→ _____
Authorized Account-holder Signature

Date

NOTE: your banking institution may process your check as an electronic payment with or without your check # noted.

TAPE YOUR COMPLETED CHECK HERE

**Then email OR fax back to:
707-469-8072**

****Please Do Not mail your check after faxing****
Doing so may result in duplicate debits to your account.

→ Name & Contact Phone #: _____

Quote/Policy #: _____

Name of Insured: _____

EMAIL OR FAX BACK TO: 707-469-8072