

Weekly Settlement Options

		•	•			
Please select payr	ment option (circle o	ne)				
Check by	y Mail					
ACH (Di	irect Deposit) - No	Service Fee (voided c	check required)			
Wire Tra	ansfer - \$10.00 Serv	vice Fee				
T-Chek	- \$10.00 Service Fee)				
24 Hour			ours for 2% Service Fee. e deducted to the day of	Available By Check, ACH, Wire, or T-	Check	
How do you wan	t your settlement in	nformation sent to yo	ou? (circle one)			
Mail	Fax		Email			
	Authoriz		atic Direct Deposit eck required for processing)	or Wire Transfer		
Company Name _						
Account Informa	ation					
Bank Name			Branch			
			State			
Contact		Pho	one Number			
Account Number_			_			
Routing Number						
credit entries, to naccount. I/We acl	ny/our account at the knowledge that the c	e BANK (identified aborigination of these tra	pove), for the purpose of	to initiate any debit entries to correct error automatically depositing funds into my/o with previsions of U.S. Law. I also acknowing service.	our	
Authorized Signar	ized SignaturePrinted Name					
Title			Date			
[] New Author	rization [] Cha	ange in Previous [] Termination			
I/We understand t	hat this authorizatio	n replaces any previou	us authorization and will	remain in full forse and effect until Eclip	ose	
_				ermination in such time and in such mani	ner as t	
afford Eclipse Tr	anservices and BAN	IK a reasonable oppor	tunity to act on it.			
Authorized Signar	ture		Printed Name			

Title___

Date _____