



Expedited Settlement Options

To take advantage of our Expedited Settlement Options, please fill out and return this form with necessary supporting documents. All payments will require receiving the appropriate paperwork for processing, based on the Paperwork Procedures and Settlement Options Form. The Expedited Settlement Options are not available to any carrier currently using a receivable or factoring service. Please contact our accounting department at 402-223-2411 regarding any questions or to assist you in evaluating the best payment options available, to suit your individual needs.

Expedited Settlement Options: (circle one)

Today Pay	Payment is made within 24 hours of receipt of invoice	*3% of revenue service charge
Quick Pay	Payment is made within 7 days of receipt of invoice	*2% of revenue service charge
Fast Pay	Payment is made within 14 days of receipt of invoice	*1% of revenue service charge

Method (circle one)

ACH (direct deposit)	NO BANK FEES * Requires 1 day for initial set up
Wire	\$20.00 transaction fee per wire *Requires 2 days for initial set up.
T- Check	\$20.00 transaction fee per t-check *Same day set up.
Check by mail	Mailed according to payment option selected above

ACH (DIRECT DEPOSIT), WIRE, OR T-CHECK INFORMATION AND AUTHORIZATION (please print or Type all information)

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone : _____
 Email Address _____ Fax: _____

Banking Institution Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____
 Routing Number: _____
 Account Number: _____

VOIDED CHECK with company name and address required on separate page. (for ACH or Wire)

How do you wish to receive settlement information? (circle one) FAX Mail Email _____

I hereby authorize Eclipse Transervices Corporation to process settlements to the account listed above according to the information provided under the terms and conditions of the Expedited Settlement Options. I certify that I am authorized to enter into this agreement on behalf of the account holder listed above. I also acknowledge the accounts receivables for above company are not assigned to a receivable or factoring service. I verify that the information provided above is true and accurate.

Authorized Signature _____ Date _____

Printed Name _____ Title _____