

Quantity needed	Product	Purchase Price	Monthly Service
	Systemech 8100/SL-500 (IP only)	\$225 (includes shipping)	\$5.00

Customer Information

A

Customer Name _____
 Customer Contact _____
 Email Address _____
 Street Address _____
 City, State, Zip _____
 Phone number _____

Shipping Address (if different)

B

Street Address _____
 City, State, Zip _____
 Phone number _____

ACH Authorization Release

C

Bank Name _____
 Branch City/State/Zip _____
 Account Type Business Checking Personal Checking Savings
 Routing & Transit # _____
 Account # _____

Continues on page 2

Please check the boxes indicating BOTH Single and Multiple Use

Single Use ACH Authorization Release For Purchase Of Wireless Unit

D

The customer identified above, by checking this box, hereby authorizes NewYorkATM.com and its financial institution, to initiate and/or transmit one (1) automatic clearing house (ACH) debit entry to the customer's account identified herein below. The parties agree and understand that this ACH authorization is for a single debit entry only (a credit entry shall only be authorized for a single reversal related to this transaction). The customer acknowledges that the purpose of this ACH release is for the payment to NewYorkATM.com for the one-time provision of goods or services from NewYorkATM.com to the customer and that this constitutes a valid business relationship between the two parties. The Customer agrees to indemnify and hold NewYorkATM.com and/or Partner's financial institution harmless from any and all claims associated with compliance with the aforementioned single use ACH authority. The customer agrees to provide a voided check to properly validate customer's account and routing numbers. **ALL PRODUCTS PURCHASED THROUGH NEWYORKATM.COM ARE FOR ATM USE ONLY. ANY UNIT DEEMED TO BE ABOVE AVERAGE ATM USAGE WILL BE SUSPENDED IMMEDIATELY, AND MAY BE SUBJECT TO A REACTIVATION FEE.**

Multiple Use ACH Authorization Release For Monthly Service

D

The customer identified above, by checking this box, hereby authorizes Eclipse Cash Systems and its financial institution, to initiate and/or transmit multiple automatic clearing house (ACH) debit entries to the customer's account identified herein below. The parties agree and understand that this ACH authorization is for multiple debit entries (a credit entry shall only be authorized for a reversal related to this transaction). Customer acknowledges that the purpose of this ACH release is for the payment to Eclipse Cash Systems for multiple provisions of goods or services from Eclipse Cash Systems to the customer and that this constitutes a valid business relationship between the two parties. The customer agrees to indemnify and hold Eclipse Cash Systems and/or customer's financial institution harmless from any and all claims associated with compliance with the aforementioned multiple use ACH authority. The customer agrees to provide a voided check to properly validate customer's account and routing numbers. **ALL PRODUCTS PURCHASED THROUGH ECLIPSE CASH SYSTEMS ARE FOR ATM USE ONLY. ANY UNIT DEEMED TO BE ABOVE AVERAGE ATM USAGE WILL BE SUSPENDED IMMEDIATELY, AND MAY BE SUBJECT TO A REACTIVATION FEE.**

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK!!!

E

Fax form and voided check back to jon: 518-691-8403 or email to jon@newyorkatm.com

 Signature of Account Holder

 Printed Name of Account Holder

 Date

Thank-you for your Business!

NewYorkATM.com

NEWYORKATM.COM | SARATOGA SPRINGS NY 12866