



COMPUTER & IT SOLUTIONS

Computer Repair & Sales • Networking  
Broadband Internet • Digital Phone

3085 Fluvanna Ave. Ext. • Jamestown, NY

716-661-3183 • 866-960-6104

Fax: 716-661-3185 • www.EagleZip.com

**Direct Debit / ACH / eCheck Authorization**

Customer hereby authorizes EagleZipCom, LLC or its designee successor or assign (hereinafter "Vendor") to withdraw any amounts including any and all sales, use and property taxes now due or hereinafter imposed owed by Customer under this Direct Debit / ACH / eCheck Authorization ("Agreement") by initiating debit entries to Customer's account at the financial institution (hereinafter "Bank") indicated in this agreement or at any such other Bank as Customer may from time to time use. In the event of default of Customer's obligation hereunder, Customer authorizes debit of Customer's account or credit card for the full amount due under this Agreement or any portion thereof. Further, Customer authorizes Bank to accept and to charge any debit entries initiated by Vendor to Customer's account. In the event that Vendor withdraws erroneously from Customer's account, Customer authorizes Vendor to credit Customer's account for the amount erroneously withdrawn. Customer understands that the foregoing ACH authorization is a fundamental condition to induce Vendor to accept this Agreement. Consequently, such authorization is intended to be irrevocable and if cancelled, Customer authorizes Bank to pay a single and final ACH debit to Vendor equal to any balance due on Agreement. In the event that Vendor is unable to collect any ACH debit to Customer, in its sole discretion, may either deem such an event as default in accordance with the Agreement or may invoice Customer for payments due under this Agreement and include a \$25.00 processing fee in such invoices. Additionally invoices not paid by the printed due date may result in the addition of a \$15.00 reconnection fee if service is suspended for non-payment.

Bank Name:	Bank Phone Number:	
Bank Account Number (not to exceed 17 digits):	Type of Account:	
	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Bank Routing and Transit Number (required 9 digits):	Requested Effective Date (optional):	
Print Name:	Phone Number:	
Authorized Signature:	Date Signed:	
Reason for Payment:      Internet service payment	Amount:	
Frequency of Payment:	EagleZip.com Account #:	