

### Authorization for One-Time and Recurring Automatic Payment

Customer/Company Name:\* \_\_\_\_\_ E-Mail Address:\* \_\_\_\_\_  
Contract or Customer Number:\* \_\_\_\_\_ Telephone Number:\* \_\_\_\_\_

hereby authorizes **NEC FINANCIAL SERVICES, LLC**

#### Check all that apply:

**To initiate a one-time debit** entry to our checking account referenced below to NEC Financial Services, LLC as of the date of this authorization, plus a \$5.00 processing fee.

Minimum Payment Due \_\_\_\_\_ Specific Amount \$ \_\_\_\_\_ and

**To initiate monthly automatic debit** entries to our checking account indicated below for all amounts due NEC Financial Services, LLC. This authorization is to remain in full force and effect until we provide NEC Financial Services, LLC written notification.

#### Update bank information

Bank Name:* _____	
Routing Number:* _____	Account Number:* _____

We agree that a facsimile copy of this agreement bearing signatures may be treated as an original, and agree that electronic signatures are original binding signatures under the Uniform Electronic Transaction Act. By signing this authorization, I am representing that I am the authorized signatory on the account and that there are sufficient funds in the account for the electronic transactions. I understand that if a debit is returned for insufficient funds, a debit will be reinitiated until sufficient funds are available and we will be charged a fee of \$35.00 each time that a debit is returned.

Printed Name and Title: \_\_\_\_\_

Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

#### Sample Information Needed:

<b>YOUR NAME</b> 5555 Street Name City, ST 12345	DATE _____	1001
Pay to the Order of _____	\$ _____	Dollars
<b>Financial Institution</b> 1000 Street Name City, ST 12345	For _____	
<b>:0041838835:</b>	<b>:003527942:</b>	1001
Routing Number	Account Number	

#### Fax, E-mail or Mail Form to:

NEC Financial Services, LLC  
ACH Department  
250 Pehle Avenue, Suite 203  
Saddle Brook, New Jersey 07663-5806  
fax: 866-422-7549  
e-mail: [accounting@neclear.com](mailto:accounting@neclear.com)

Please retain a copy of this form for your records.

\* Required

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Fax to: 800.451.5360

[Click here to submit this form via e-mail](#)