

Authorization Agreement Preauthorized Payments/Credits

Client Name: _____

Client Address: _____

Mailing Address: _____

Financial Institution: _____

Account Number: _____ Routing Number: _____

Officer's Name: _____ Telephone: _____

CLEAR Employer Services, LLC, and _____ ("Client") have agreed to enter into an electronic fund transfer agreement ("Agreement"). The purpose of this agreement is to enable CLEAR Employer Services, LLC, to initiate through its agent bank the electronic transfer of funds owed to Clear Employer Services, LLC, by client for professional employer services ("Services"). Once signed by Client, this Agreement authorizes CLEAR Employer Services, LLC, to instruct the bank to act as its agent and to initiate electronic transfer of such funds to/from Client's bank account. Client warrants to CLEAR Employer Services, LLC, that the necessary funds will be in its account and available for transfer.

Client shall indemnify, hold harmless, protect and defend CLEAR Employer Services, LLC, its agent affiliates and assigns from claims, expenses, and liabilities arising from claims or actions against Client as a result of this agreement.

Client has the right to terminate this Agreement for cause and may do so upon giving CLEAR Employer Services, LLC, 10 days written notice of its intent to terminate this Agreement. Client understands that termination of this agreement in no way abrogates its obligation to pay CLEAR Employer Services, LLC, for services rendered.

Client acknowledges that it may have to sign additional forms or documents in order to effectuate the purpose of this Agreement and set up the automatic invoice payment. If necessary, Client agrees to sign same.

Client also authorizes the below named financial institution to accept the electronic fund transfers and charge/credit Client's respective account.

Authorized Client Signature

Date

Printed Name

Date

For Internal Use Only:

Date to Accounting: _____

Effective Date: _____