



Authorization Agreement for Direct Deposit

Employer Name _____ Client Number _____ Employee Name _____

I hereby authorize CLEAR Employer Services to initiate credit entries for payroll to my:

Checking Savings Both

I further authorize debit entries or adjustments in the event of an error in connection with my payroll.

Checking Account		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Deposit Type	Check One \$ Dollars	% Percent Amount _____
Checking Account 2 (if applicable)		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Amount of Deposit (Partial or Full) _____	Comments _____	
Savings Account		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Amount of Deposit (Partial or Full) _____	Comments _____	

This authorization is to remain in full force and effect until canceled by me. In the event of said cancellation, I agree to do so in writing and to deliver same to both my employer and CLEAR Employer Services.

Signature _____ Date _____

Attach a copy of a voided check for each direct deposit account.