



DIRECT DEPOSIT AUTHORIZATION

Clarity by the Numbers is the payroll processing company for your employer. This document must be signed by employees requesting automatic deposit of paychecks. It is recommended, but not required, that employees attach a voided check or deposit slip (savings accounts) for each of their accounts to help verify the bank routing and account numbers.

Employer: _____

Employee Name: _____ Social Security #: _____

Email Address: _____ Birth Date: _____

Account Type: Checking Savings

Bank Routing #: _____ Account #: _____

Percentage or Dollar Amount to be deposited into this account: _____

Account Type: Checking Savings

Bank Routing #: _____ Account #: _____

Percentage or Dollar Amount to be deposited into this account: _____

ATTACHED VOIDED CHECK(S) OR DEPOSIT SLIP(S) HERE
(Not required, but for verification purposes)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____ Date: _____