



Capital Clarity Co. Payroll

Employee Direct Deposit Authorization

Employee: Fill out this form and return to your employer.

Employer: Save a copy of this file for your records. Return a copy of this file to Capital Clarity Co.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees should attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

NAME OF EMPLOYER:

I would like to be paid via: ☐ Direct Deposit ☐ Paper Check

ACCOUNT #1

Account Type: ☐ Checking ☐ Savings

Bank Routing Number: Account Number:

Dollar amount to be deposited to this account:

ACCOUNT #2

 (remainder to be deposited to this account)

Account Type: ☐ Checking ☐ Savings

Bank Routing Number: Account Number:

AUTHORIZATION

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 below 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.

Employee Signature: _____ Date:

Print Name: