

CLEAResult[®]

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize CLEAResult to initiate automatic deposits to my account at the financial institution named below. I also authorize CLEAResult to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold CLEAResult responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until CLEAResult receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name on Account: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Company Name: _____

Name of Authorized Signor: _____ Title: _____

Authorized Signature: _____ Date: _____

Please return this form to your program representative.