PAYPROtpa.com
CA LIC. #0G76414

P.O. Box 5040
Riverside, CA 92517
Office - 951.656.7273
E-fax - 909.494.4191

Authorization Agreement for ClearPay Service

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Please complete this form and email, JulieP@PAYPROtpa.com, or fax, 909.494.4191, it back

Company Name	Company Identification Number
PAYPROtpa	93-1225747

☑ PREAUTHORIZED PAYMENTS

I/(we) authorize **PAYPROtpa**, hereinafter called COMPANY, to initiate electronic debits to my (our) Checking Account indicated below and the depository institution, hereinafter called DEPOSITORY, to debit the same to such account.

EMPLOYER/COMPANY NAME _____

IDENTIFICATION (TAX) NUMBER _____

Depository Name	Branch
City	State Zip Code
Routing Number	Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) (Please print)	Date
Signature	Signature