

Authorization Form

I am: A new Clearpay® applicant A current Clearpay® user reporting a change in my bank or account number

Type of Account: Checking Savings (The automatic debit date will be the 15th of each month)

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|--|--|--|-------|----------|
| Bank Routing Number <i>Enter if no voided check attached.</i> | | Bank Account Number <i>Enter if no voided check attached.</i> | | |
| Name of Financial Institution | | Branch Telephone Number | | |
| Branch Address | | City | State | Zip Code |
| Name(s) on Bank Account | | Name of Subscriber | | |
| Applicant Subscriber Number | | Applicant Daytime Phone Number | | |
| Mailing Address | | City | State | Zip Code |

I (we) hereby authorize the above financial institution to reduce the balance of my account by the amount of those debits (and/or corrections to previous debits). This authorization will remain in effect until I revoke the authorization indicated, at least 10 days before my account is to be debited.

Authorized Signature(s) – as it/they appear in the financial institution’s records. If the account is listed as a joint account, both account holders must sign. If the holder of the bank account is not an individual, the one signing on behalf of a company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature Date

Print Name Relationship

Signature *(if joint account)* Date

Print Name Relationship

Mail form to:



**220 Sansome Street, Suite 1360
San Francisco, CA 94104
Phone: 800-400-6633**