

**Minnesota Clerical, Inc.**  
**Payroll Specialist**



*A step in the right direction!*

## **Payroll Direct Debit Authorization Form (AFT)**

Please complete and return to: Minnesota Clerical, Inc.  
17230 Uplander Street NW  
Andover MN 55304

Client Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_



Until revoked by me in writing Minnesota Clerical, Inc. is hereby authorized to debit my account listed each pay period for the amount calculated that they are owed. My bank or financial Institution is as shown below:

Bank or Financial Institution Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

***For accuracy please attach a voided check and return with the AFT form***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your confirmation of the amount debited is the total forwarded per calculation of payroll. The amount will be debited the Wednesday after the last day of the pay period. Any adjustment for any discrepancies will be made the following pay period.**