Minnesota Clerical, Inc.
Payroll Outsourcing 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: _____

Starting Date _____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 void check and return with the AFT form.

Signature: _____

Effective Date: _____
Your confirmation receipt of the amount debited is the total AFT per calculation of payroll and all fees. The amount will be debited the Wednesday after the last day of the pay period, please reference pay period dates for effective date based on employee date of hire.

In the case the ACH debit is returned for Non-Sufficient Funds (NSF), Client understands that Minnesota Clerical, Inc. may, at its discretion, attempt to process the charge again and agrees to an additional $25 charge, which will be initiated as a separate transaction from the authorized payment. Both parties subject to this authorization agree to be bound by the Nacha Operating Rules & Guidelines and United States Law.