

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED ACH DEBITS

Client Name _____ DBA _____

Client Address _____ City _____, Zip _____

I hereby authorize Southeast Personnel Leasing, Inc., hereinafter called THE COMPANY, to initiate debit entries to my: **Checking Account** **Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount of debit to be transferred is based on Payroll Processing Transactions Invoiced to Client

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

Name _____ Title _____
(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE COMPLETE AND RETURN THIS FORM WITH A COPY OF YOUR CHECK TO:

**Southeast Personnel Leasing, Inc.
2739 U.S. Highway 19 N.
Holiday, Fl 34691**