

You **must** attach to this
a copy of the signer's
(of the contract)
**Driver's License and
Social Security Card**

CHECKING ACCOUNT INQUIRY

NAME OF CLIENT: _____

DBA: _____

ADDRESS: _____

PHONE: _____

NAME OF BANK: _____

BRANCH: _____ PHONE: _____

ADDRESS: _____

TYPE OF ACCOUNT: BUSINESS _____ PERSONAL _____

CHECKING ACCOUNT NUMBER: _____

**PLEASE NOTE: ALL PAYROLLS WILL BE DELIVERED C.O.D. – CERTIFIED FUNDS UNTIL A
SATISFACTORY INQUIRY IS RECEIVED BY SOUTHEAST EMPLOYEE LEASING, INC.
FROM THE CLIENT'S FINANCIAL INSTITUTION.**

CLIENT AUTHORIZATION RELEASE FOR INFORMATION

I hereby authorize the below information including the number of returned items if any to be released to **SOUTHEAST EMPLOYEE LEASING, INC.** located at 2739 U.S. Hwy. 19N. Holiday, Fl 34691

Authorized Signature

Date

FOR BANK USE ONLY

DATE ACCOUNT OPENED: _____

AVERAGE DAILY BALANCE/CURRENT AVAIL BALANCE: _____

LINE OF CREDIT ACCOUNT: YES _____ NO _____ AMOUNT: _____

*****NUMBER OF RETURNED ITEMS/NSF(s):** 30 DAYS _____ 90 DAYS _____ 180 DAYS _____

REASON FOR INQUIRY: PAYROLL SERVICES

REQUESTED BY: _____ Jennifer Vogel _____ TITLE: Accounting Clerk

Bank Representative _____
Print Name

Signature

Phone Number _____

*****Required for client evaluation Fax (727) 682-1070**

Phone (800) 966-5562 X6059

Office Use Only:

SALES REP: _____

If photocopies are not available, please include D/L & S/S information with all bank inquiry forms:

Company Name _____

Social Security Number _____

Drivers License Number _____

Name _____

Address _____

State Issued _____

Date Issued _____ **Date Expires** _____

DOB _____ **Sex** _____ **Height** _____