



**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED ACH DEBITS**

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

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize SouthEast Personnel Leasing, Inc., hereinafter called THE COMPANY, to initiate debit entries to my business checking account indicated below and, hereafter called DEPOSITORY. I authorize SouthEast Personnel Leasing, Inc to debit from such account and 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 #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

This authorization is to remain in full force and in effect until THE COMPANY has received written notification of cancellation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**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 THIS FORM, ATTACH A COPY OF YOUR COMPANY CHECK,  
AND RETURN TO:**

**SouthEast Personnel Leasing, Inc.  
2739 U.S. Hwy 19 North  
Holiday, FL 34691  
Attn: Accounting  
Fax: 727-748-4616  
Email: [Wires@spli.com](mailto:Wires@spli.com)**