



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: _____ **Checking Account** _____ **Savings Account** (Please select one account) 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 #: _____ 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**