



The signer of the South East Employee Leasing, Inc. Client Leasing Agreement **MUST** provide a copy of their **Driver's License** and **Social Security Card** for approval.

CHECKING ACCOUNT INQUIRY

Name of Client: _____

DBA: _____

Address: _____

Phone #: _____

Name of Bank: _____

Branch: _____ Phone #: _____

Address: _____

Type of Account: Business: _____ Personal: _____

Checking Account #: _____

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 FOR RELEASE OF 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: _____ 3 Month Average Balance: \$ _____

Line of Credit Account: Yes: _____ No: _____ Amount: \$ _____

Number of NSF's in the Last: 30 Days: _____ 90 Days: _____ 180 Days: _____

Reason For Inquiry: Payroll Services

Requested By: Ryan Egleston Title: Accounts Receivable Manager

Bank Representative: _____
(Print Name) (Signature)

Phone #: _____

**This section is required for client's evaluation.
Please complete this section and fax to 727-748-4616 or call Ryan Egleston at 727-938-5562 x.6062.**

Sales Rep: _____



If you are unable to attach a photocopy of your Social Security Card, please provide the following information:

Company Name: _____

Social Security Number: _____

Name: _____

Address: _____
