

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 PAYROLL 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: _____

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

*****NUMBER OF RETURNED ITEMS:** 30 DAYS _____ 90 DAYS _____ 180 DAYS _____REASON FOR INQUIRY: PAYROLL SERVICESREQUESTED BY: Mary Watson TITLE: Accounting ClerkBank Representative _____
Print Name_____
Signature

Phone Number _____

*****Required for client evaluation****Fax (727) 682-1070****Phone (800) 966-5562**