



### Checking Account Inquiry

**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**

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 South East 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 **South East Employee Leasing, Inc.** located at 2739 U.S. Hwy. 19 N., Holiday, FL 34691.

\_\_\_\_\_  
Authorized Client Representative (Please Print)      Authorized Client Representative Signature      Date

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**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 Name (please print): \_\_\_\_\_

Bank Representative Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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SPLI Account Executive: \_\_\_\_\_



**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: \_\_\_\_\_

\_\_\_\_\_