



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED ACH DEBITS

Client Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Advantage Personnel Resources Inc (APR) to initiate debit entries to my account indicated below at the depository institution each week to pay for my employee leasing services. No debit shall exceed the amount shown on the weekly invoice that details our weekly payroll, FICA taxes, FUTA taxes, SUI taxes, Workers' Compensation and Management Fee. Additional debits may include health care, dental or other benefits (401K, etc). This authorization is to remain in full force and in effect until THE COMPANY has received written notification of cancellation.

Any Debit that is returned for any reason will require payment in the form of a CASHIERS CHECK for future payrolls and will incur a \$100.00 Additional NSF Charge.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Name: _____ Title: _____

Signature: _____ Date: _____

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

Advantage Personnel Resources Inc.

4907 NW 43rd Street, Ste. B

Gainesville, Florida 32606

Attn: Christine Bowen

Fax: 866-203-0907



If you are unable to attach photocopies of your Driver's License or Social Security Card, please provide the following information:

Company Name: _____

Social Security Number: _____ Driver's License Number: _____

Name: _____

State Issued: _____ Date Issued: _____ Exp. Date: _____

Owner's DOB: _____ Owner's Sex: _____