



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