



CHECKING ACCOUNT INQUIRY
MUST BE COMPLETED BY CLIENT & CLIENT'S BANK

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 ADVANTAGE PERSONNEL RESOURCES, 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
ADVANTAGE PERSONNEL RESOURCES INC. located at 4907 NW 43rd Street, Ste B, Gainesville Florida

Authorized Signature: _____ **Date:** _____

FOR BANK USE ONLY

Date Account Opened: _____ Avg. Daily Balance/Current Available Balance: \$ _____

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

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

Bank Representative

Print Name: _____ Signature: _____

Phone Number: _____

This section is required for client's evaluation.

FAX TO: 1-866-203-0907
ATTN: APR Finance Department