

**AUTHORIZATION TO HONOR ITEMS DEBITED BY CONVERGENCE
EMPLOYEE LEASING, INC**

Name of Depositor as shown on Bank Records: _____

Account Number: _____ **Bank Name:** _____

Bank Address: _____

Bank Contact: _____ **Bank Number:** _____

Bank Fax Number: _____

I hereby authorize Convergence Employee Leasing, Inc to debit my account 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 my include health care, dental or other benefits (401K, etc).

Any Debit that is returned for any reason will require payment in the form of a CASHIERS CHECK for future payrolls.

Company Name Title

Address

Signature Client Representative Date

ATTACH VOIDED CHECK