



## **Authorization to Verify Bank Deposit History**

*Please note: All payrolls will be delivered COD "SECURED FUNDS" until a satisfactory verification is received from the Client's bank.*

### **MUST BE COMPLETED BY CLIENT**

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Client Name: \_\_\_\_\_

Client FEIN or Owner's SSN#: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

Bank City, State, & Zip: \_\_\_\_\_

Bank Telephone #: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

I authorize the release of information regarding the above listed accounts to Convergence Employee Leasing, Inc. for the purposes of credit investigation for business purposes.

**Signature (Signatory on above Account):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **MUST BE COMPLETED BY CLIENT'S BANK**

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**Date account opened:** \_\_\_\_\_ **Average Daily Balance:** \_\_\_\_\_

**# of NSF since account opened:** \_\_\_\_\_ **Last 12 months:** \_\_\_\_\_

**Signature of Bank Representative:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:  
Convergence Employee Leasing, Inc  
3951 Baymeadows Road  
Jacksonville, FL 32217  
(904) 731-9014/ F (904)-731-0059