



CHECKING ACCOUNT INQUIRY

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'S BANK

Bank Name: _____

Date account opened: _____ **Average Daily Balance:** _____

of NSF since account opened: _____ **# OF NSF'S Last 12 months:** _____

Signature of Bank Representative: X _____

Print Name: _____

Title: _____ **Date:** _____

MUST BE COMPLETED BY CLIENT

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): X _____

Print Name: _____

Title: _____ **Date:** _____

Return to:
Convergence Employee Leasing, Inc
9393 Mill Springs Drive
Jacksonville, FL 32257
(904) 731-9014/ F (904)-731-0059



Check Writer Form

This form must be filled out in its entirety if client is to pay with company check.

Name of Company: _____

Name of Check Writer: _____

Address: _____

Home Phone: _____ Other: _____

Driver's License No: _____ State: _____

Date of Birth: _____ Race: _____ Sex: _____

Please attach a copy of the Drivers License

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