



**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED ACH DEBITS**

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

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I hereby authorize Florida Resource Management to initiate debit entries to my:**

**\_\_\_\_\_Checking Account or \_\_\_\_\_Savings Account (Please select one account)**

**These debit entries to come from the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.**

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Amount Of Debit To Be Transferred Is Based On Payroll Processing Transactions Invoiced To Client.**

This authorization is to remain in full force and in effect until Florida Resource Management has received written notification of cancellation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM, ATTACH A COPY OF YOUR COMPANY CHECK AND RETURN TO:**

Florida Resource Management

363 Interstate Blvd

Sarasota FL, 34240

Fax: 941-343-6118