



FLORIDA
RESOURCE
MANAGEMENT

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
383 Interstate Blvd
Sarasota FL, 34240
Fax: 941-343-6118