Application for Approval to Write Company Checks/ACH for Payroll

When Completed Please Fax to:
1-904-739-2725

CREDIT REPORT AUTHORIZATION AND RELEASE

I hereby authorize any individual, company or institution (the "Releasing Party") to release to Matrix and any affiliate thereof, and any of their representatives or assigns (collectively, "Matrix"), any information the Releasing Party has regarding my credit and/or credit history. Authorization is hereby granted to Matrix to obtain a standard factual data credit report through one or more credit reporting agency chosen by Matrix.

My signature below authorizes the release to Matrix of a copy of any of my credit applications and authorizes Matrix to obtain information regarding my employment, saving accounts, and outstanding credit accounts (mortgage loans, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to Matrix to use a reproduction of this authorization to obtain any of the above-described information.

Any reproduction of this Credit Report Authorization and Release (for example, photocopy or facsimile) shall be considered an original.

I hereby release the Releasing Party and all employees, agents, or representatives connected therewith from all liability from any damage whatsoever incurred in furnishing such information.

This Authorization is for the purpose of obtaining business credit, and is not for obtaining consumer credit.

Guarantor Name: _____

Guarantor Signature: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Date: _____ Social Security Number: _____ Date of Birth: _____

Date: _____ FEIN Number: _____ ($35.00 Fee for Business Credit)

Co-Guarantor Name: _____

Co-Guarantor Signature: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Date: _____ Social Security Number: _____ Date of Birth: _____

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AUTHORIZATION TO VERIFY BANK DEPOSIT HISTORY

Client Name: _____

Client FEIN or Owner's SSN: _____

Name of Bank: _____

Contact Person: _____

Bank Street Address: _____

Bank City, State, and ZIP: _____

Bank Telephone Number: _____ Bank Fax: _____

Do you have multiple accounts with this bank (check one)? ☐ Yes ☐ No

If yes, please record all accounts you wish to have considered:

1. Name(s) on Account: _____

   Account Number: _____ Purpose: _____

2. Name(s) on Account: _____

   Account Number: _____ Purpose: _____

3. Name(s) on Account: _____

   Account Number: _____ Purpose: _____

I authorize the release of information regarding the above listed accounts to Matrix or any affiliate thereof for the purposes of credit investigation for business purposes.

Signature (Signatory on above Accounts): _____

Printed Name of Signatory on above Accounts: _____

DO NOT WRITE BELOW THIS AREA – FOR INTERNAL AND BANK USE ONLY

Date Account 1 Was Opened: _____ Average Daily Balance: _____

\# of NSF Checks Since Account Was Opened: _____ Last 12 Months: _____

Date Account 2 Was Opened: _____ Average Daily Balance: _____

\# of NSF Checks Since Account Was Opened: _____ Last 12 Months: _____

Date Account 3 Was Opened: _____ Average Daily Balance: _____

\# of NSF Checks Since Account Was Opened: _____ Last 12 Months: _____

Name of Bank Rep: _____ Phone and Ext. : _____

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AUTHORIZATION TO HONOR ITEMS DEBITED

Name of Depositor as shown on Bank Records: _____

If Depositor is a Corp./LLC/Sole Proprietorship/Other Entity – Print Name of Authorized Signatory:

_____

Account Number: _____

Bank Name: _____

Bank Address: _____

Bank Contact: _____

I hereby authorize MATRIX, or any affiliate thereof, to debit the above- referenced 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/administrative fee, health care, dental or other benefits (401(k), etc.), and insurance premiums.

Any debit that is returned for any reason will require payment in the form of a cashier check for future payrolls.

Depositor/Company Name: _____

Signature of Authorized Signatory on Account: _____

Address: _____

Date: _____

ATTACH A VOIDED CHECK BELOW ON THE ACCOUNT OR ACCOUNTS THAT WILL BE DEBITED