

Peachtree Direct Deposit Application And Credit Authorization

PDD Source:	
Referral Source:	PCO Services, Inc. Customer ID: 406642

Company Name ("Applicant"):		Federal ID Number:
DBA name (if applicable):		
Address:		County:
City:	State:	Zip Code:
Executive Contact:		E-mail Address:
Phone Number:	Extension:	Fax Number:

BANK AND CREDIT CARD INFORMATION:

Payroll Account ABA / Routing Number:	Payroll Account Number:
Bank Name:	Branch:
Bank Contact Name:	Bank Phone Number:
Credit Reference:	Phone Number:
Other Reference:	Phone Number:
Credit Card Type (Visa, MC, AmExp):	Cardholder Name (as it appears on the card):
Credit Card Number * :	Billing Address:
Expiration Date:	Signature:

*Your credit card will be charged for the Direct Deposit Application fee.

PROCESSING INFORMATION:

Payroll Frequency: Weekly Bi-Weekly Monthly Semi-Monthly Other:

Estimated number of checks per payroll: _____ Estimated Total Payroll Liability: \$_____

Estimated start date for Direct Deposit: ____/____/____

Peachtree Customer ID (if known): _____

PRIORITY CODE:

By signing below, the Applicant authorizes Peachtree to obtain a standard factual data credit report through a credit reporting agency chosen by Peachtree, and to charge the credit card listed above for the Peachtree Direct Deposit service Application fee.

By signing below, the Applicant further authorizes Peachtree to release to the credit reporting agency a copy of this credit application. The credit reporting agency is authorized to use this application, or any reasonable reproduction, to obtain information regarding the credit history of the Applicant. Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy, emailed document or facsimile) is considered an original.

Applicant Signature _____

Date _____

Mail application to PCO Services, Inc., 5555 Hollywood Blvd. Ste 201, Hollywood, FL 33021 or fax back to us at 1-877-500-3676 • Any Questions Phone 1(800)221-5110