

Bank Account Changes

INCOMPLETE FORMS WILL DELAY PROCESSING

Current Company Information (must be completed)

COMPANY LEGAL NAME _____ FEIN _____
(FEDERAL EMPLOYER ID NUMBER)

NEW BANK NAME _____

NEW BANK ROUTING # _____

NEW BANK ACCOUNT # _____

ALL CHANGES WILL BE COMPLETED WITHIN 2 BUSINESS DAYS _____

Please attach a voided check or bank letter to verify information for change.

Authorization

I hereby state that I am an authorized signer of this company, and by signing below I acknowledge and understand that Intuit will update this request. I agree to accept any and all liability for the change to the account.

Authorized signature Title

Print name Date

NOTE: This message, including any attachments, may include privileged, confidential and/or inside information. Any distribution or use of this communication by anyone other than the intended recipient(s) is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender by replying to this message and then delete it from your system. Thank you.

SUBMIT BANK ACCOUNT CHANGE REQUEST