Intuit Payroll Service



New Customer Request for Bank Rating

Instructions: Complete the applicant's part and send to your financial institution (bank) for the lower portion to be completed. If the payroll account is only funded on paydays, please include information on the account(s) used to be fund the payroll account.

TO BE COMPLETED BY THE DIRECT DEPOSIT APPLICANT COMPANY

Federal Employer Identification Number (FEIN)		Company Name				
Financial Institution Name		Financial Ir	nstitution Con	ntact Name		
Financial Institution Contact Tele	ephone Number	Financial In	Financial Institution Contact Fax Number			
Account #	Acct Type	Acct ir	Acct in the Name of		Balance	
Payroll Account						
Account Used to Fund Payroll						
Other Relevant Account						
Signature of Principal 1		ow. Signatu	Signature of Principal 2 (if applicable)			
Printed Name		Printed Name (if applicable)				
TO RE	COMPLETED BY		,	,		
10 00	CONFELIED	Date	Current	Avg. Bal.	# of NFSs in	
Account #	Account Type	Opened	Balance	(prev. 6 mont	ths) prev. 6 months	
Line of Credit Information:	Date Opened	Amount of Credit	Curre Balan		.vg. Bal. orev. 6 months)	
Account #						
Account # If the names on the account diff Account #		led above, please l ted in Financial I			your records.	
If the names on the account diff	Name reflec	cted in Financial I	Institution Re	ecords		