Intuit Payroll Service

Request for Bank Rating Risk Assessment

Instructions: Complete the applications selction 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 QUICKBOOKS PAYROLL DIRECT DEPOSIT APPLICANT COMPANY

Federal Employer Identification N	Number (FEIN)	Company I	Name		
Financial Institution Name		Financial Ir	nstitution Contact Na	me	
Financial Institution Contact Tele	phone Number	Financial Ir	nstitution Contact Fax	x Number	
Account #	Acct Type	Acct in	n the Name of	Balance	
Payroll Account					_
Account Used to Fund Payroll					-
Other Relevant Account					_
To the Financial Institution: I/v you to provide Intuit the informa		W			
Circulations of Daire six al. 4			Signature of Principal 2 (if applicable)		
Signature of Principal 1		Signature			
Signature of Principal 1 Printed Name			me (if applicable)	<u> </u>	
	TED BY FINANCI	Printed Na		IT USE ONLY)	
Printed Name	TED BY FINANCI Account Type	Printed Na	TION (FOR INTU		S
Printed Name TO BE COMPLE	Account Type Date	Printed Na AL INSTITUT Date	TION (FOR INTU	sal. # of NFSs in	s
Printed Name TO BE COMPLET Account # Line of Credit Information:	Account Type Date Opened	Printed Na AL INSTITUT Date Opened Amont of Credit	Current Avg. B Balance (prev.	Avg. Bal. (prev. 6 months)	s
Printed Name TO BE COMPLET Account # Line of Credit Information: Account #	Account Type Date Opened on for your financial inst	Printed Na AL INSTITUT Date Opened Amont of Credit	Current Avg. B Balance (prev.	Avg. Bal. (prev. 6 months) as information arise.	s

Financial Institution: Please fax completed form to 775-996-7028