



New Customer Request for Bank Rating

Instructions: Complete the applicant section 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 used to fund the payroll account.

SECTION 1: TO BE COMPLETED BY INTUIT PAYROLL DIRECT DEPOSIT APPLICANT COMPANY

Federal Employer Identification Number (EIN) Company Name

Financial Institution Name Financial Institution Contact Name

Financial Institution Contact Telephone Number Financial Institution Contact Fax Number

| <u>Account #</u> | <u>Acct Type</u> | <u>Acct in the Name of</u> | <u>Balance</u> |
|------------------------------|------------------|----------------------------|----------------|
| Payroll Account | | | |
| Account Used to Fund Payroll | | | |
| Other Relevant Account | | | |

To the Financial Institution: I/we authorize you to provide Intuit the information requested below.

Signature of Principal 1 Signature of Principal 2 (if applicable)

Printed Name Printed Name (if applicable)

TO BE COMPLETED BY FINANCIAL INSTITUTION (FOR INTUIT USE ONLY)

| <u>Account #</u> | <u>Acct Type</u> | <u>Date Opened</u> | <u>Current Balance</u> | <u>Avg Bal for Prev 6 Months</u> | <u># of NSF's in Prev 12 Months</u> |
|------------------|------------------|--------------------|------------------------|----------------------------------|-------------------------------------|
|------------------|------------------|--------------------|------------------------|----------------------------------|-------------------------------------|

Line of Credit Information:

| <u>Account #</u> | <u>Date Opened</u> | <u>Amount of Credit</u> | <u>Current Balance</u> | <u>Avg Bal for Prev 6 Months</u> |
|------------------|--------------------|-------------------------|------------------------|----------------------------------|
|------------------|--------------------|-------------------------|------------------------|----------------------------------|

If the name(s) on the account(s) differ from those listed above, please list the name(s) as reflected on your records.

| <u>Account #</u> | <u>Name Reflected in Financial Institution Records</u> |
|------------------|--|
|------------------|--|

A RISK MANAGEMENT REPRESENTATIVE FROM INTUIT MAY CONTACT YOU TO VALIDATE THE INFORMATION ON THIS FORM

Financial Institution Contact Name Financial Institution Contact Phone Number

Financial Institution: Please fax completed form to 775-996-7075