

## Checking Account Designation

**Designate at least one checking account**

Client Number: D \_\_\_\_ \_

Please use the attached checking account for the following service(s)

*(Please check one or more):*

<b>X</b>	Automatic Taxpayer Service (ATS) <small>(Mandatory) (Tax Filing Service)</small>
<b>X</b>	EFT Payment for NPD Payroll Services <small>(Mandatory)</small>
<b>Optional</b>	
	EFT Business Bookkeeping Services
	Direct Deposit Service

Bank Name: \_\_\_\_\_

Account No. \_\_\_\_\_

Routing No. \_\_\_\_\_

***Please attach a voided check here.***

Print Authorized Officer's Name: \_\_\_\_\_

Authorized Officer's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_