



Assessment Account Designation Form

Please complete sections A through D to provide your bank assessment account and contact information. The OCC will use this information to send an e-mail notification of the assessment amount that will be drafted from your designated account seven business days prior to the due date. *Please fax completed forms to OCC Bank Assessments at (301) 433-6178. For specific questions concerning assessments, please contact us at (202) 874-5150.*

A. BANK INFORMATION

Charter Number: _____ Bank Name: _____
Bank City, State: _____

B. ACCOUNT INFORMATION

TIN: _____ Account Category:
ABA: _____ Demand Deposit Account
Account: _____ General Ledger Account
 Savings Account

C. CONTACT INFORMATION

Primary Contact

Full Name: _____
E-mail: _____
Phone: _____

Additional Contact 1

Full Name: _____
E-mail: _____
Phone: _____

Additional Contact 2

Full Name: _____
E-mail: _____
Phone: _____

D. SIGNATURE

Signature: _____ Date: _____
Printed Name: _____ Phone: _____