



Authorization for Direct Deposit/Debit
Please fill out form or provide a voided check.

Taxpayer:		
First Name	Middle Initial	Last Name
Date of Birth:		
Signature		
Spouse:		
First Name:	Middle Initial	Last Name
Date of Birth		
Signature		
You may split your refund in up to three (3) different accounts. If more than one is requested, please provide your desired deposit and allocation and information for each account.		
BANKING INFORMATION:		
Name of Financial Institution #1:	Allocation %	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number:	Account Number:	
Name of Financial Institution #2:	Allocation %	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number:	Account Number:	
Name of Financial Institution #3:	Allocation %	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number:	Account Number:	
If you have a tax due:		
Do you want to pay with a check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want funds withdrawn from your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number:	Account Number:	
Signatures:		
Taxpayer's Signature:	Date:	
Spouse's Signature:	Date:	

All information provided on this form is confidential and protected.