

# DIRECT DEPOSIT FORM

This form must be completed for direct deposits into checking or savings bank accounts.

Client Name \_\_\_\_\_

Name of Bank or Credit Union \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Indicate the type of the account      Checking \_\_\_\_\_ Savings \_\_\_\_\_

I acknowledge that the above information is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

## INTERNAL USE ONLY

Does the client want to have federal refund direct deposited: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the client want to have state refund direct deposited: Yes \_\_\_\_\_ No \_\_\_\_\_

Employee's initials completing this information: \_\_\_\_\_