

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: _____