

Client Name: _____

Direct Deposit Information

Do you want your tax refund directly deposited: Yes No

The following information is required for electronically depositing the tax refund into your bank account:

Name of your Bank or Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account (check one) Checking Savings

Ownership of Account: Self Spouse Joint

When filing single, only the “self” box may be checked. When filing jointly, any of the boxes may be checked. When filing married separate, only the self or joint may be checked.

Write **VOID** on the Check and Staple it in the box below:

Staple VOIDED Check Here

Electronic Filing Information

E-file Form Delivery (8879's):

*E- Signature via DocuSign: <input type="checkbox"/>	*Portal: <input type="checkbox"/>	Mail: <input type="checkbox"/>	UPS: <input type="checkbox"/>	Pickup: <input type="checkbox"/>
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E-file Form Return (8879's):

*E- Signature via DocuSign: <input type="checkbox"/>	*Portal: <input type="checkbox"/>	Mail: <input type="checkbox"/>	UPS: <input type="checkbox"/>	Pickup: <input type="checkbox"/>	Fax: <input type="checkbox"/>
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- ***Preferred 8879 Delivery and Return Method.**