

# Direct Deposit Authorization Form

1d

Taxpayer's Name: \_\_\_\_\_

## Account Information

Financial Institution Name: \_\_\_\_\_

Routing Number: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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Checking   
Savings

Account Number: 

|  |
|--|
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|         |
|---------|
| _____ % |
|---------|

 (100% is the default)

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Routing Number: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Checking   
Savings

Account Number: 

|  |
|--|
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|         |
|---------|
| _____ % |
|---------|

Financial Representative Name (optional) \_\_\_\_\_

Financial Representative Signature (optional) \_\_\_\_\_

I/we wish to have Penrod Tax Service, Inc., hereinafter called PTS, instruct the Internal Revenue Service and/or any State Revenue Departments to deposit my/our income tax refund(s) directly to the account(s) indicated above. I agree to notify PTS of any changes to this account and/or the Financial Institution's name and routing number.

I understand that in the event that my financial institution is not able to make a deposit into my account due to incorrect information that I provide; that I am responsible for any resulting bank fees incurred, and that IRS and/or any State Departments can not issue another refund (in check form) until the funds have been returned by the Financial Institution. This process will delay my/our refund(s) by several weeks.

Taxpayer's Signature \_\_\_\_\_

Date \_\_\_\_\_