

Direct Deposit Enrollment / Change Form

Request for: (check only one)

☐ Initial Request ☐ Change

Client Name(s): _____

Account 1:

Financial Institution Name: _____

Routing Number: _____ ☐ Checking
☐ Savings

Account Number: _____

_____ % (100% is the default)

Only for split refunds

Account 2:

Financial Institution Name:

Routing Number: _____ ☐ Checking
☐ Savings

Account Number: _____

_____ %

Account 3:

Financial Institution Name:

Routing Number: _____ ☐ Checking ☐ Savings

Account Number: _____

_____ %