

Nonresident Taxpayer Direct Deposit Authorization Form

Instructions: Complete this form to authorize the direct deposit of your tax refund into a United States financial institution. Please type or print clearly in blue or black ink. This form must be printed, signed, and submitted with your tax return.

Section 1: Taxpayer Information

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| Full Name (First, Middle Initial, Last Name): | <input type="text"/> |
| Individual Taxpayer Identification Number (ITIN) or SSN: | <input type="text"/> |
| Street Address (Foreign or Domestic): | <input type="text"/> |
| City, State/Province, Postal Code: | <input type="text"/> |
| Country of Residence: | <input type="text"/> |
| Telephone Number (with Country Code): | <input type="text"/> |
| Email Address: | <input type="text"/> |

Section 2: United States Bank Account Information

Note: The financial institution must be located within the United States.

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| Name of Financial Institution (Bank): | <input type="text"/> |
| Routing Transit Number (9 digits): | <input type="text"/> |
| Account Number: | <input type="text"/> |
| Account Type (Write "Checking" or "Savings"): | <input type="text"/> |

Section 3: Authorization and Signature

I hereby authorize the taxation authority to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated above. This authorization is to remain in full force and effect until the taxation authority has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

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| Print Name of Taxpayer: | <input type="text"/> |
| Signature of Taxpayer (Sign after printing): | _____ |
| Date (MM/DD/YYYY): | <input type="text"/> |