

# State Tax Refund Direct Deposit Authorization Form

Instructions: Complete this form to authorize the direct deposit of your state tax refund. Once filled out, print this page and submit it along with your state tax return documents.

## 1. Taxpayer Information

Primary Taxpayer Full Name:

Primary Taxpayer Social Security Number (SSN):

Spouse Full Name (if joint return):

Spouse Social Security Number (SSN):

Street Address:

City:

State:

ZIP Code:

Phone Number:

## 2. Financial Institution Information

Financial Institution Name:

Routing Transit Number (9 digits):

Account Number:

Account Type (Enter "Checking" or "Savings"):

## 3. Authorization and Signatures

I hereby authorize the State Department of Revenue to initiate credit entries for my state tax refund to the financial institution and account listed above. This authorization remains in effect until the refund transaction is completed.

Primary Taxpayer Signature (or Printed Name for Electronic Sign):

Date (MM/DD/YYYY):

Spouse Signature (if joint return - or Printed Name for Electronic Sign):

Date (MM/DD/YYYY):