

# Individual Taxpayer Direct Deposit Enrollment Form

Please complete all fields below to authorize the direct deposit of your individual tax refund. This form is formatted for printing and manual signature.

## 1. Taxpayer Personal Information

First Name:  Middle Initial:   
Last Name:   
SSN or ITIN:   
Street Address:   
City:  State:  ZIP Code:   
Phone Number:  Email Address:

## 2. Banking Institution Information

Please provide the details of the account where you wish to receive your deposit.

Financial Institution (Bank Name):   
Routing Transit Number (9 digits):   
Account Number:   
Account Type (Enter Checking or Savings):

## 3. Authorization and Signature

I hereby authorize the deposit of my individual tax refund directly into the financial institution and account designated above. This authorization remains in effect until the transaction is completed.

Taxpayer Signature (Sign after printing):   
Date (MM/DD/YYYY):   
Spouse Signature (If Joint Return, sign after printing):   
Spouse Date (MM/DD/YYYY):