

State Franchise Tax Board

Direct Deposit Authorization Form

Instructions: Complete this form to authorize the direct deposit of your state franchise tax refund. Please print the completed form, sign, and submit it with your tax return.

Section 1: Taxpayer Information

Primary Taxpayer Name (First, MI, Last):

Social Security Number (SSN) or FEIN:

Spouse Name (if joint return):

Spouse Social Security Number (SSN):

Street Address:

City, State, and ZIP Code:

Telephone Number:

Section 2: Financial Institution Information

Name of Financial Institution (Bank/Credit Union):

Routing Transit Number (9 digits):

Account Number:

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

Section 3: Authorization and Signature

I authorize the State Franchise Tax Board to initiate a direct deposit of my refund into the financial institution and account designated above. I verify that the information provided is correct and complete.

Primary Taxpayer Signature (Sign after printing):

Date (MM/DD/YYYY):

Spouse Signature (if joint return - Sign after printing):

Date (MM/DD/YYYY):

