

## Direct Deposit / ACH Payment Form

*This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information or you have closed the bank account, you are responsible.*

**Taxpayer's Name:** \_\_\_\_\_ **SSN / ITIN:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **SSN / ITIN:** \_\_\_\_\_

Complete the form below in order to enroll your refund to be direct deposited or your tax payment be withdrawn from your bank account. Please print:

**Name of Financial Institution (Bank):** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Type of Account:**  Checking  Savings      **Verification:**  Attach supporting Documentation for the account mentioned above. (VOID Check, Screenshot of Account, Bank Statement, Letter from Bank).

### **For Prior Year Clients Only:**

Initial here **X** \_\_\_\_\_ if you are consenting a J. Squared employee to retrieve your banking information from a prior year return. If you are consenting to use the same account information as last year you still must enter the last four of the account number above for verification purposes.

### **Authorization for Direct Deposit:**

I authorize, J. Squared Services to deposit my federal / state tax refunds into the bankaccount specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account will allow these transactions. I agree that direct deposits transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize J. Squared to make direct deposits into the named account.

### **Authorization for Payment ACH**

Federal Debt Amount: \$ \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

State Debt Amount: \$ \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

**I have reviewed the above information and certify that this information is correct and authorize J. SQUARED to use my account.**

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Reviewer's Initial's: \_\_\_\_\_

Expires: 12/31/2024