

2024 BANK ACCOUNT VERIFICATION FORM

Taxpayer Name:

Attach a voided check for the account you wish to use for Direct Deposit / Direct Debit below:

Bank Name: Routing Number: Account Number: Daytime Phone: Joint Account? Bank Type?	Yes / No Checking / Savings	
	Refunds should be directly deposit Money owed for taxes should be t Tax Estimated Payments should be	aken directly out of my account.
Taxpayer Signature:		Date:
Spouse Signature: You have indicated that you would like to receive your tax and/or estimate(s) paid via direct debit. Sign and date this return it to our office.		