



BANKING INFORMATION

Direct Deposit or Electronic Withdrawal Information

REFUND

Do you want to elect Direct Deposit? Yes No

Do you want your refund applied to next year's estimate? Yes No

OWE

Do you want to elect Automatic Withdrawal?

Date to automatic withdraw _____ Yes No
(Any date after your efile date and before 4/15)

*****This information needs to be filled out every year or a voided check attached to receive Direct Deposit or Auto Withdrawal.***

Name of Financial Institution _____

Type of Account Checking Savings

Routing Number _____

(routing number must be from checks not deposit slips)

Account Number _____

Signature

Date