



BANKING INFORMATION

Direct Deposit or Electronic Withdrawal Information

REFUND

Do you want to elect Direct Deposit? Yes No

- OR -

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