

**CLIENT NAME**

**TELEPHONE NUMBER**

---

**DIRECT DEPOSIT INFO REQUIRED (even if used last year)**

Bank Name: \_\_\_\_\_

☐ Checking

Routing Number: \_\_\_\_\_

☐ Savings

Account Number: \_\_\_\_\_

Do you want any tax owed to be paid with this account?: (circle one)      YES      NO

What payment date do you prefer? If no date given and yes is circled, payment date will be 04/10/2025.

Date Preferred: \_\_\_\_\_ (must be after efilng)

---

**Client Signature**

**Date Signed**