



Mail or FAX completed forms to:  
PO Box 2569, Omaha, NE 68103  
Fax: 866-812-3144

**Questions?** Call us at 1-800-HRBLOCK

Account Owner	
First Name (Print Clearly) <input type="text"/>	Contact Phone Number: <input type="text"/>
Last Name (Print Clearly) <input type="text"/>	
Account Number: <input type="text"/>	SSN/TIN: <input type="text"/>
<b>This form is used to initiate monthly direct deposits.</b>	
Name of Financial Institution ("Depository")	
Street Address of Financial Institution	
Transit/ABA Routing Number	
Financial Institution Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Deposit Information</b>	
<input type="checkbox"/> Initiate Service <input type="checkbox"/> Change Service <input type="checkbox"/> Cancel Service	
Month to initiate deposits _____	
Amount \$ _____      Monthly on the: <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 25th	
Minimum \$25	
<b>CURRENT YEAR ONLY</b> Fees will apply for funds that are returned or rejected.	
Systematic direct deposits will continue until account owner requests cancellation. <i>If you are setting up direct deposit for an IRA, please contact your Tax Advisor for maximum contribution limits.</i>	
<b>REQUIRED: Attach here a voided check or a letter on bank stationery confirming the account title, account number and routing number. Deposit slips and bank statements will not be accepted.</b>	
Required <b>X</b> _____	
Account Owner Signature	Date

Clarify Case# \_\_\_\_\_