

# AUTHORIZATION FOR DIRECT DEPOSIT

Please use black or blue ink, fill in all blanks and print clearly

## Section I: Account Holder Information

_____ First Name and Initial	_____ Last Name	
_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ ZIP or Postal Code
_____ Daytime Phone Number	_____ Evening Phone Number	

## Section II: Financial Institution Information

_____ Financial Institution Name		
_____ Financial Institution Address		_____ Suite Number
_____ City	_____ State	_____ ZIP or Postal Code
_____ Depository's Phone number	_____ Depository's Fax number	

## Section III: Account Information

Bank Type (check one):  Bank  Credit Union  Other

Type of Account (check one):  Checking  Savings

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Transit / ABA Routing Number

**\*Please call your financial institution to verify this number**

| | | | | | | | | | | | |

Account Number

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

In signing this form, I (we) authorize the Company **Barbara E. Sage, CPA, PC** to initiate deposit entries to my (our) account with the depository noted above. This purpose is for any Internal Revenue Service Center (United States Treasury) to directly deposit any (if at all) income tax refunds. By signing this form, I (we) have verified that all depository information is correct and releasing the Company of any liability.

**\*Affix a voided check here\***

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