

XPERT TAX SERVICE

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **XPERT TAX SERVICE** to initiate a one- time automatic deposit to my account at the financial Institution named below.

Further, I agree not to hold **XPERT TAX SERVICE** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Saving

Signature

Authorized Primary Printed Name: _____

Authorized Primary Signature: _____

Authorized Joint Printed Name: _____

Authorized Joint Signature: _____

Date: _____

