

2022 BANK ACCOUNT VERIFICATION FORM

TAXPAYER(S) NAME:

You have indicated that you would like to receive your tax refund(s) via direct deposit. Sign and date at the bottom to verify that the account listed is correct and return it to our office

| Account type: | Checking | Savi | ngs | |
|----------------|----------|------|-----|----|
| Bank Name | | | | |
| Routing Number | | | | |
| Account Number | | | | |
| Joint Account | Ye | S. | Γ | No |

Attach a voided check for the account you wish to use for Direct Deposit below:

Taxpayer Signature

Date

Spouse Signature

Date

www.learycpa.com • 651.450.9373 PH • 651.450.9214 FAX 66 Thompson Ave E • Suite 120 • West Saint Paul, MN 55118