



Mail or FAX completed forms to:
PO Box 44215, Jacksonville, FL 32232-4215
Fax: 866-812-3144

Questions? Call us at 1-800-HRBLOCK

Account Owner	
Name (Print Clearly)	Contact Phone Number: □ □ □ - □ □ □ - □ □ □ □
Account Number: □ □ □ □ □ □ □ □ □ □	SSN/TIN: □ □ □ - □ □ □ - □ □ □ □ □

This form is used to initiate monthly direct deposits.

Name of Financial Institution ("Depository")

Street Address of Financial Institution

□ □ □ □ □ □ □ □ □ □

Transit/ABA Routing Number

Financial Institution Account Number

Checking

Savings

Deposit Information

For a traditional or Roth IRA, maximum contribution is \$333.33 per month (\$416.66 if age 50 or older).

Initiate Service Change Service Cancel Service

Month to initiate deposits _____

Amount \$ _____ Monthly on the: 1st 15th 25th

*Minimum \$25

CURRENT YEAR ONLY Fees will apply for funds that are returned or rejected.

* Systematic deposits will continue until account owner requests cancellation.

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. Monthly direct deposit cannot be initiated without this verification.

Required

X _____

Account Owner Signature

Date

Clarify Case# _____