

Sage Financial Logistics, LLC

AUTHORIZATION FOR DIRECT DEPOSIT

Please print clearly using black or blue ink, or fill in all blanks electronically

Section I: Account Holder Information

Taxpayer's Full Name

If married filing separate, please fill out fields below

Business or Trust Entity's Name

Additional Account Holder's Name

Address provided on tax return

Apt/Suite

Address provided on tax return

Apt/Suite

City

State Zip Code

City

State Zip Code

Taxpayer's Contact Number(s)

Additional Account Holder's Contact Number(s)

Taxpayer's Email Address

Additional Account Holder's Email Address

Section II: Financial Institution and Account Information

Taxpayer's Full Name

Financial Institution Name

Financial Institution Address

Suite

City

State Zip Code

Bank Type (select one): Bank Credit Union Other **Type of Account (select one):** Checking Savings

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Transit / ABA Routing Number ***Please call your financial institution to verify this number**

Account Number

Section III: Account Holder Authorization

Taxpayer's Signature

Date

In signing this form, I (we) authorize Sage Financial Logistics, LLC to initiate deposit entries to my (our) account with the depository noted above. This purpose is for 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 Sage Financial Logistics, LLC of any liability.