



Silva Tax Group

A veteran-owned tax and accounting firm

AUTHORIZATION FOR DIRECT DEPOSIT

I, the undersigned, do hereby authorize Silva Tax Group to facilitate the credit of my Federal and State tax refunds to the below mentioned account(s). I further authorize that I am a signer on the account listed below.

ACCOUNT NUMBER ONE

Checking _____ Savings _____ Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Amount/Percentage to be deposited: _____

ACCOUNT NUMBER TWO

Checking _____ Savings _____ Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Amount/Percentage to be deposited: _____

Print Taxpayer's Name: _____

Signature _____

Date: _____

Spouse's Name: _____

Signature _____

Date: _____