



### Direct Deposit Information

Name of Financial Institution: \_\_\_\_\_

Circle the type of account:    Checking                      Savings

Routing Number:

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Account Number:

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I give Martin's Tax Service authorization to enter the above direct deposit information provided for the sole purpose of my income tax return.

Sign: \_\_\_\_\_

### Dependent Care Information

Provider or Center Name: \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Total Paid to Center/Provider: \_\_\_\_\_