Direct Deposit Request

Initiate a One Time or Recurring Direct Deposit
for Checking, Savings, or IRA

H&R BLOCK bank

Mail or Fax completed forms to:
PO Box 2569, Omaha, NE 68103
Fax: 866-812-3144

Questions? Call us at 1-888-687-4722

Account Owner

First Name (Print Clearly)

Last Name (Print Clearly)

Contact Phone Numbers

___-___-____

___-___-____

H&R Block Bank Account Number

SSN / TIN:

___-__-____

Financial Institution ("Depository")

Financial Institution Name

Financial Institution Street Address

Financial Institution Account Number

Transit/ABA Routing Number (9 Digits)

☐ Checking ☐ Savings

Deposit Information (Minimum $25)

☐ Initiate Service ☐ Change Service ☐ Cancel Service

Amount:

$_____

Frequency:

☐ One time (to be processed when received) For IRA select: ☐ CURRENT YEAR ☐ PRIOR YEAR

☐ One time on _____ date (if received after the date, request will be processed when received) For IRA select: ☐ CURRENT YEAR ☐ PRIOR YEAR

☐ Monthly on _____ day of the month, beginning in _____ (start month) (CURRENT YEAR ONLY for IRA)

Fees may apply for funds that are returned or rejected.
For a one time IRA Contribution please indicate Current or Prior year. A recurring IRA Contribution will always be for Current year.
If you are setting up direct deposit for an IRA, please contact your Tax Advisor for maximum contribution limits.

REQUIRED: Attach 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. H&R Block Bank is not liable for problems or delays caused by inaccurate or incomplete information provided by you on this form. Accordingly, we ask that you review the form again to ensure that it contains accurate information for your request.

Signature (Required)

I authorize H&R Block Bank to initiate/change/cancel electronic debit entries to the account described in the "Financial Institution" section above for credit to my H&R Block Bank account referenced in the "Account Owner" section above. I understand that this authorization replaces prior authorizations and will remain in full force and effect until H&R Block Bank receives written notification to change or cancel such authorization and has reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

X. _____ Date _____

Account Owner Signature