H&R BLOCK® bank

Monthly Direct Deposit Request

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

Questions? Call us at 1-888-OUR-HRBB

Account Owner

First Name (Print Clearly)

Last Name (Print Clearly)

Contact Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

Account Number:

SSN/TIN: ☐☐☐-☐☐-☐☐☐☐

This form is used to initiate, change, or cancel monthly direct deposits from an account held at an external financial institution to your designated H&R Block Bank account.

Name of Financial Institution ("Depository")

Transit/ABA Routing Number

Financial Institution Account Number

☐ **Checking** ☐ **Savings (Required)**

Deposit Information

☐ 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 direct deposits will continue until account owner requests cancellation.
If you are setting up direct deposit for an IRA, please contact your Tax Advisor for maximum contribution limits.

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.

Required

X _____

Account Owner Signature **Date**

Clarify Case#_____

H&R Block Bank, a Federal Savings Bank, Member FDIC