

1475 S Bascom Ave Suite 201 Campbell, CA 95008 Phone: 408.395.5000 Fax: 512.688.5223 nancy@lexington-finance.com

503 Woodland Park Georgetown, TX 78633 Phone: 512.688.5222

Client Name:						
<u>Dir</u>	ect Dep	osit In	forma	tion		
Do you want your tax refund directly of	leposited: $\Box Y$	es 🗆 No				
The following information is requ	ired for electr	onically depo	siting the tax	refund into yo	our bank accou	ınt:
Name of your Bank or Financial Institu	ıtion:					
Routing Number:						
Account Number:		_				
Type of Account (check one)	Checking	□ Savi	ngs			
Ownership of Account:	Self Spor	use 🗆 Joi	nt			
			•	" box may be clahecked. When		iling
	•	ate, only the se	•		innig married	
Write VOID on the Check and St	aple it in the b	ox below:				7
Staple	VOID	FDC	heck I	Jere		
Stapic	VOID		HCCK 1	1010		
						=
Electronic Filing	<u>Inform</u>	<u>nation</u>				
E-file Form Delivery (8879's):					
*E- Signature via DocuSign: □	*Portal: □	Mail: □	UPS: □	Pickup: □		
E-file Form Return (8879's):						
*E- Signature via DocuSign: □	*Portal: □	Mail: □	UPS: □	Pickup: □	Fax: □	

• *Preferred 8879 Delivery and Return Method.