

**MTM FINANCIAL GROUP, LLC
DIRECT DEPOSIT / DIRECT DEBIT AUTHORIZATION FORM
FOR GOVERNMENT REFUNDS/PAYMENTS ONLY**

PLEASE CHECK THE APPROPRIATE OPTION AND COMPLETELY FILL OUT THE BOTTOM

DIRECT DEPOSIT

I authorize MTM Financial Group, LLC to initiate direct deposit of any refunds I am due from my income tax returns into my bank account indicated below. I certify that I am an authorized owner of the referenced account **and I will verify that the deposit transactions have occurred on the scheduled date.**

DIRECT DEBIT/WITHDRAWAL

I authorize MTM Financial Group, LLC to initiate direct debits/withdrawals for the amounts due on my income tax returns from my bank account indicated below. The debits will occur on or after the due date of the return and **I acknowledge that it is my responsibility to verify that the transactions have occurred on the scheduled date.** I certify that I am an authorized owner of the account. I understand that if the direct debit rejects due to insufficient funds, incorrect account information, closed account, etc., I am responsible for any interest and penalties that may occur as well as making other arrangements to pay the amounts due.

ESTIMATED PAYMENTS DIRECT DEBIT

I authorize MTM Financial Group, LLC to initiate direct debits/withdrawals for my quarterly estimated payments from my bank account indicated below. The debits will occur on or after the due date of each quarterly payment and **I acknowledge that it is my responsibility to verify that the transactions have occurred on the scheduled date.** I certify that I am an authorized owner of the account. I understand that if the direct debit rejects due to insufficient funds, incorrect account information, closed account, etc., that I am responsible for any interest and penalties that may occur as well as making other arrangements to pay the amounts due.

**TAX PREP FEES CANNOT BE AUTO DEBITED FROM YOUR ACCOUNT.
YOUR INVOICE MUST BE PAID SEPARATELY.**

Name as it appears on Bank Account _____

Bank Name _____

Routing # _____

Account # _____

Type of Account: _____

Signature _____ Date _____

2nd Signature if joint return _____ Date _____

Print Name(s) _____