



Taxpayer Change Request Form

Select Information to be updated:

<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Phone Number	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Banking Info
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EFIN:	Taxpayer SSN:
Taxpayer Name:	Taxpayer Address:
Phone:	Date of Birth:
Bank Name:	Bank Phone number:
Routing number: (must be 9 digits)	Account number:
Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Taxpayer Signature:	Date:
Spouse Signature:	Date:

***Please note the following regarding Direct Deposit bank account changes: If the bank account originally entered on your tax return was closed/incorrect/non-existent, your refund will be rejected by the bank, returned to EPS, and then sent to your Tax Preparer to print as a check at their office.*



ATTENTION: Have you attached the following REQUIRED DOCUMENTS?

- PHOTO ID
 - SOCIAL SECURITY CARD (FOR NAME CHANGES)
 - PROOF OF ADDRESS (FOR ADDRESS CHANGES)
 - VOIDED CHECK OR DEPOSIT SLIP (FOR BANK ACCOUNT UPDATES)
- Fax To: 484-546-2997 or Email To: Forms@EPSFinancial.net