

E-File Authorization
Oldenburg Accountants & Advisors

Name(s) _____

Provide us with a PIN which is your electronic signature:

Taxpayer 5-digit numerical PIN _____

Spouse 5-digit numerical PIN _____

You need not remember the PIN or use the same PIN next year.

<input type="checkbox"/>	Deposit the tax refund to the below-listed bank account.
<input type="checkbox"/>	Debit the amount due from the below-listed bank account.
<input type="checkbox"/>	Debit the ES tax payments on 4/15/10, 6/15/10, 9/15/10 and 1/15/11
<input type="checkbox"/>	from the bank account listed below.
<input type="checkbox"/>	I/we will mail a check with a voucher if we have a balance due.

Name of financial institution _____

Circle one: checking or savings _____

Bank routing number (9 digits from bottom left of check) _____

Account number _____

<input type="checkbox"/>	I/we want to review the tax return before it is e-filed.
<input type="checkbox"/>	I/we do not want to review the tax return before it is e-filed.

Signature and date

Signature and date