



Product Cancel Form

EFIN:	Date:
Taxpayer's Name:	SSN:
Spouse's Name:	SSN:
Disbursement Method <input type="checkbox"/> E1 Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check	
Reason for cancellation request:	
Taxpayer's Signature:	Date:
Spouse's Signature:	Date:
ERO's Signature:	Date:

I, _____, understand that canceling an EPS bank product will result in any funds received on my behalf being returned to the IRS and/or State. Further, I understand that I can only request this cancellation within 24 hours of the IRS or State acceptance of my federal tax return.

 **ATTENTION: Have you attached the following REQUIRED DOCUMENTS?**

PHOTO ID

PLEASE REFER TO THE ATTACHED PAGE FOR MORE DETAIL...

Fax To: **484-546-2997** or Email To: Forms@EPSFinancial.net