



Taxpayer Disbursement Change Request Form

EFIN #:	Date:
Taxpayer Name:	Spouse Name:
Taxpayer SSN:	Spouse SSN:
Address:	
<input type="checkbox"/> Change from Direct Deposit to Check <input type="checkbox"/> Change from E1 Card to Check	
Taxpayer Signature:	Date:
Spouse Signature:	Date:

By submitting this form you are giving EPS Financial, LLC the approval to change your disbursement from a direct deposit or E1 card to a check. If your original disbursement is a check you cannot change this disbursement method. Please note that with the e-Collect program the Account Set up fee will be increased to \$20 and additional deposit fee to \$10. Please call 484-546-2240 if you have any questions.



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