



CANCEL PRODUCT FORM

REMINDER: By submitting this form, you are giving EPS Financial the approval to cancel the bank product and understand that any funds that come in on your behalf will be returned to the IRS and/or state. Please note, this form can only be submitted within the first 24 hours of your accepted return. Funds cannot be returned after they are disbursed.

EFIN:

ERO NAME:

TAXPAYER'S NAME:

LAST 4 OF SSN

SPOUSE'S NAME:

LAST 4 OF SSN

DISBURSEMENT TYPE: Check Direct Deposit FasterMoney Card

REASON TO RETURN FUNDS:

TAXPAYER'S SIGNATURE:

DATE:

SPOUSE'S SIGNATURE:

DATE:

ATTENTION: DID YOU ATTACH THE FOLLOWING, REQUIRED DOCUMENTS?

- PHOTO ID

UPLOAD THIS FORM AND ALL REQUIRED DOCUMENTS IN YOUR DIRECT ACCOUNT AT EPSTAX.NET OR EMAIL TO TAXFORMS@PATHWARD.COM

ERO SIGNATURE:

DATE: