



TAXPAYER CHANGE REQUEST FORM

REMINDER: By submitting this form, you are asking EPS Financial to CHANGE THE INFORMATION.

EFIN:

LAST 4 OF SSN:

TAXPAYER'S NAME:

SPOUSE'S NAME:

PHONE NUMBER:

DATE OF BIRTH:

ADDRESS:

TAXPAYER'S SIGNATURE:

DATE:

SPOUSE'S SIGNATURE:

DATE:

ATTENTION: DID YOU ATTACH THE FOLLOWING, REQUIRED DOCUMENTS?

- PHOTO ID FOR ALL UPDATES
- PROOF OF ADDRESS FOR ADDRESS UPDATES

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

ERO SIGNATURE:

DATE:

IF YOU HAVE ANY QUESTIONS, PLEASE CALL CUSTOMER SUPPORT AT (888)782-0850