



**Direct Deposit Application
for Individual Income Tax Refund**

Request must be mailed to: Louisiana Department of Revenue
Attn: Taxpayer Service Division
Post Office Box 66362
Baton Rouge, LA 70896-6362
Fax number 225-219-2446

Name	Social Security Number
Spouse Name	Spouse's Social Security Number
Daytime Telephone Number	Name of your Financial Institution
Bank Routing Number	Bank Account Number
Bank Account Name	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Signature and Verification

Under penalties of perjury, I declare to the best of my knowledge and belief is true, correct, and complete.

I also authorize the Louisiana Department of Revenue to transfer my individual income tax refund for the taxable year ending December 31, _____, or fiscal year ended _____ to the bank account referenced above.

Your signature _____ Date _____

Spouse's signature _____ Date _____

Requests sent to us by mail or fax must attach a copy of the driver's license of each taxpayer.