

Name: _____

Do you have Health Insurance? Yes No

Phone#: _____

Was it through the Marketplace? Yes No

Email: _____

Do you want Direct Deposit? Yes No

Primary

Name of Bank

DL #: _____

Checking

Issue: _____

Account #: _____

or

Expiration: _____

Routing #: _____

Savings

Spouse

DL #: _____

If you recently changed banks, were you previously
with Wells Fargo? Yes No

Issue: _____

Expiration: _____

Dependents / Notes
