**All Fees Due at Time of Processing unless choosing the have fees withheld from refund. (Contractual Agreement Required)**

**Initial the statement below (1 or 2) to select the service desired:**

***1)*** ***Yes,*** **I would like to pay for tax preparation fees up front and SAVE 5% on preparation fees.** *(If payment is made using credit/debit card, a one-time convenience fee of 3.75% is included)*

**\*\*\*Would you like to have your refund check direct deposited into your account?** Yes\_\_\_ No\_\_\_

Bank’s Routing Number: Account Number: Checking or Saving

***2) Yes,* I would like to request all processing fees be withheld from my Income Tax Refund using the third-party Bank Product. *(Additional Bank Fees: $44.95; Transmitter Fee: $15.00)***

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**Select one of the four (4) choices to receive your tax refund below:**

**Prepaid Card** Yes/No **Direct Deposit** Yes/No **Check** Yes/No

**You must confirm, certify and accept the following terms in order to proceed (Please initial both (3 & 4) and sign below to acknowledge):**

***3) Yes,* I am aware that if I select to have processing fees withheld (above) from my Refund and if for some reason my refund is held by the IRS to pay outstanding balances on my behalf, it is still MY contractual obligation to pay *The Essix Group* for tax services rendered in processing my tax return. I understand if The Essix Group is not paid the fees; they will turn my account over to a collection agency for collection of the fees owed plus any collection fee.**

**4) *Yes,* I understand that payment for tax preparation is due at the time of processing unless choosing the contractual refund transfer program listed above in item 2. Also, by initialing item 3 above, I understand my responsibility of payment to The Essix Group under this contractual agreement. Furthermore, if for any reason I choose to cancel this contractual agreement and make the request to have W-2’s and other documents returned to me without finalizing the tax preparation process, I agree to pay a deposit/cancellation/return fee of $100 as indicated in the initial consultation agreement.**

**Initial below if you would like the assurance of Audit Protection:**

***5) Yes,* I would like to request Audit Protection Insurance through The Essix Group. *A worry-free coverage to work with me to prepare documents and resolve other issues which may include reimbursement for any additional tax liability or reduction in my refund during an audit. All paperwork requested from IRS will be completed and submitted.*** (*Individual – $79; Business – $159)*

**I certify that all information is true and accurate and that I agree to all terms listed within this contract. My signature below constitutes my acknowledgment and adherence to ALL TERMS stated herein.**

Taxpayer’s Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_