

Indemnity Bond Form Requirements

For CTTS to process your request, you must include the following:

Social Security Card – a legible copy of both taxpayer (and spouse)
Driver's License – a legible copy of both taxpayer (and spouse)
Bank Check – a copy of the Check with "VOID" written on front & back, if available
Indemnity Bond Form – the completed form must contain:
Taxpayer Name – Primary and Secondary if necessary Taxpayer's Last 4 of SSN Taxpayer's Complete Mailing Address
Taxpayer's Telephone Number
Check Number
Check Amount
Check Date
Reason for Indemnity Bond
How the taxpayer would like to receive their check
EFIN # for your office

Form must be signed and dated by you and the Taxpayer (and Spouse if MFJ)

Submit all banking requests to

banking@crosslinktaxtech.com



Indemnity Bond (Taxnaver)

		machinity bor	ia (Tanpayer)		
	First Payee on Check:		Customer ID/Last 4	tomer ID/Last 4 ts of Taxpayer's SSN:	
Second Payee on Check:			(Customer ID can be obtained at <u>www.sbtpg.com</u>)		
	Current Mailing Address:				
	Current Telephone #:				
	Check Number:	Check Amount:	Check Date:	:	
		that I/we <u>DID NOT ENDORSE</u> . T that I/we <u>DID ENDORSE</u> . The ch			
	Select how you would like to Mail check to Taxpa	yer(s) Mail check to i	my Tax Preparer Print chec ss days to be received by mail	k in Tax Preparer's Office	
The check requests surrended delivery, protect, expense	ck is not in Payee's possession, and Santa Barbara Tax Producter or delivery of the same. In contract the undersigned Payee, is firm thought harmless and save TPG and sof suits and otherwise which its possession.	and has not been transferred, Group, LLC's (TPG) bank ser onsideration of the Bank paying bound unto and hereby, joind the Bank free from any and thay at any time or times he	wish to proceed, please sign this form assigned, pledged or delivered to a vice provider ("Bank") to pay the ng the amount of said lost check with the and severally, promise, covenated all losses, claims, damages, judgmareafter incur, expend or become observeder or delivery for payment.	ny other person. Said payee has amount of said Check withou thout requiring its surrender of int, agree and guarantee to fully tents, costs, attorney's fees and	
This obli	gation shall bind the heirs, adm	ninistrators, executors and suc	ccessors of all the parties herein bef	fore mentioned.	
understa processi	and I will be charged a service ng time to re-issue a new che n processing this request.	fee of \$25.00 for the reissua ck could take up to 90 days.	orsed and/or verified checks produce of a stale dated check. If this in a gree that TPG and Bank will not be in front of Payee's Tax Preparer	is not a current year check, the t be liable for any costs due to	
		Please E-Mail this form to	: supportib@sbtpg.com		
Signature c	f First Payee on Check	Print Name	Date		
Signatur	f Second Payee on Check es must be witnesses by	Print Name	Date		
	parer or notarized below. Sign	·	rint Name EFIN	Date	
	d through a Notary Public	State of			
Who pro acknowled the instru I certify u	ved to me on the basis of satisf edged to me that he/she/they ex ument the person(s), or the entit	actory evidence to be the pers xecuted the same in his/her/th y upon behalf of which the per	onally appearedson(s) whose name(s) is/are subscrib seir authorized capacity(ies), and that son(s) acted, executed the instrumen That the foregoing paragra	eed to the within instrument and t by his/her/their signature(s) or at.	

Notary's Signature