



AVALON BOOKKEEPING
& TAX SERVICES

Employee Direct Deposit Information

Employer Name: _____

Employee Name: _____

Social Security No.: ____ ____ ____ / ____ ____ / ____ ____ ____

I would like my wages/salary deposited to the following bank account:

____ Checking ____ Savings

Bank Name _____

Account No. _____

Routing No. _____

Please attach a *voided* check below:

Employee Signature: _____ Date: _____