



Corporate Headquarters  
445 Broadhollow Road, Suite 119  
Melville, NY 11747  
Phone: 631-777-7600  
Fax: 631-777-7626

*Dear Valued Staffing Associate:*

We are happy to announce that LLoyd Staffing offers you the opportunity to select direct deposit of your weekly paycheck.

To enroll in this program, simply complete the attached form. In order for us to deposit your paycheck directly into your checking account, you will also need to provide us with a voided blank check. If you cannot provide a voided check, you may provide a document from your financial institution with the bank routing and your account numbers from your account so we can give the bank the necessary information. Once we have received your form and check, the direct deposit process will be activated in a few weeks and we will notify you as to when your first paycheck will be sent via direct deposit.

Regardless of the method you select to receive your paycheck, it is very important to adhere to all timesheet deadlines. **We must receive your timesheet no later than Monday, 5:00 p.m. immediately following the week you worked.** If your timesheet is not received by deadline, your paycheck will not be processed until the next pay period. If you request direct deposit and your timesheet is received by the deadline, you will be able to access your funds through your account by Friday of each week. As a precaution, please verify with your bank that the money has arrived in your account before drawing against it.

Direct deposit is a convenient method for receiving your pay and I hope many of you will take part in this advantageous program.

Please return the enrollment form with your next timesheet or mail it directly to:

**Payroll Department**  
LLoyd Staffing  
445 Broadhollow Road, Suite 119  
Melville, NY 11747

If you have any questions, please contact payroll at 631-777-7600. ext. 7622

Sincerely,

LLoyd Staffing



**Direct Deposit of Payroll  
Enrollment and Authorization Form**

Employee Name (Please Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lloyd Location/Division: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Financial Institution's Identification (Transit/Routing) Number: \_\_\_\_\_

Please select 1 or 2 below:

1. Checking                      Account Number \_\_\_\_\_

2. Savings                              Account Number \_\_\_\_\_

**ATTACH VOIDED CHECK HERE:**

I hereby authorize LLOYD Staffing to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my  checking account,  savings account (select one) at the financial institution indicated above. I further authorize the financial institution names above to credit and/or debit such account.

I understand that this authorization remains in effect until Lloyd Staffing receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford Lloyd Staffing and my financial institution a reasonable time to act on it.

\_\_\_\_\_  
Employee/Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date