



**DIRECT DEPOSIT OF PAYROLL
ENROLLMENT AND AUTHORIZATION FORM**

Employee Name (Please Print): _____

Social Security Number: _____

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