



8402 Laurel Fair Cir #101  
Tampa, FL 33610  
(813) 626-4895 (P)  
(813) 620-3564 (F)  
[djmadison@tomlinstaffing.com](mailto:djmadison@tomlinstaffing.com)

## PLEASE READ

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Thank you for your interest in the direct deposit of your paycheck.

As an added benefit for our employees and with your authorization, Tomlin Staffing will automatically deposit your pay into your checking *or* savings account. With direct deposit, **Fridays will be your payday.**

You will continue to receive your earnings statement, a non-negotiable check, which lists your gross pay, deductions, the direct deposit date and the net amount deposited in your account.

To authorize automated deposit of your pay, please fill out the following form and ***attach a voided check or savings deposit slip***, and return via fax, email, regular mail, or drop off at our office.

The processing for direct deposit takes approximately one (1) week after we receive your completed authorization form.

Please call if you have any questions.



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## DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY NAME: TOMLIN STAFFING

COMPANY NUMBER: 59-2582244

I AUTHORIZE TOMLIN STAFFING (EMPLOYER) to initiate credit entries for payroll and if necessary, debit entries for adjustments to any credit entries made in error to my account at the Financial Institution as listed below:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
\*\* Routing/Transit Number  
(must be 9 digits)

\_\_\_\_\_  
Bank Address (City, State, Zip)

\*\*\* OR \*\*\*

\_\_\_\_\_  
\*\* Checking Account Number  
(Attach a voided check to this form)

\_\_\_\_\_  
\*\* Savings Account Number  
(Attach a voided deposit slip)

\*\* Please verify the correct Bank Routing and Account Number with your Financial Institution as some institutions (i.e.: credit unions) use additional digits on your account number for direct deposits.

This authority is to remain in full force and effect until Tomlin Staffing has received written notification from me of its termination in such time and in such manner as to afford Tomlin Staffing and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print) Employee Name

\_\_\_\_\_  
Employee Social Security Number

\*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***\* I understand that Friday will be my payday each week.***