



employer solutions staffing group

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 - BASIC INFORMATION		
Employee Name	Mohamed Ahmed	SSN# (last 4 digits) 477-39-2769
		Effective Date 11-19-2015
SECTION 2 - PAYROLL ELECTION		
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)		
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)		
SECTION 3 - DIRECT DEPOSIT		
<input type="checkbox"/> Update Bank Account		
Bank Name:	Wells Fargo	
Routing#	091000019	
Account#	2656981384	
Account Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other ...	
		I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.
		Initial <u>MA</u> Date <u>11/19</u>
<ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work) If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. 		
SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASH CARD)		
Federal law requires all financial institutions to identify each person who opens an account. In order to request a Payroll Debit Card (if you do not submit a Direct Debit Card to pay your wages. For y verify your identity.		
MOHAMED S AHMED 336 38TH AVE N SAINT CLOUD, MN 56303-3050		1597 17-1/910 878 2656981384
Except for the routing and a transactions. On your first pay then sign acknowledging that wages.	Pay to the Order of <u>VOID</u>	Date _____ \$ _____
CARDHOLDER INFORMATION		
First Name	Mohamed	
Street Address (NO BOX NOT ACC)	[REDACTED]	
City	St Cloud	
GET TEXT ALERTS, when All we need to know your cell	For: <u>VOID</u> <u>VOID</u>	
RECEIPT OF PAYROLL DEBIT CARD (TO BE COMPLETED WITH YOUR PAYROLL PROVIDER)		
Payroll Debit Card Routing #	Payroll Debit Card Account #	
073972181	[REDACTED]	
I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.		
Employee's Signature: _____		Date: _____
SECTION 5 - AUTHORIZATION		
I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.		
* E-mail: <u>Ahmed@me@101@hotmail.com</u> this information will only be used to send your paystubs electronically		
Employee's Signature: <u>Mohamed Ahmed</u>		Date: <u>11-19-15</u>