



employer solutions staffing group, inc.

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 Angach OJD	SSN# (last 4 digits) 0883	Effective Date 3-26-18
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) **Paper Check** (Option available to GA NH and NY residents only)

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: **TCF**

Routing# **291070001**

Account# **7444298198**

Account Type: Checking Savings Other _____

Note: Direct Deposit accounts may take up to 7 days to be activated.

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 _____ Date _____

- 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

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
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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: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: **X** _____ Date: **3-19-18**



Routing # 291070001



Account Agreement

Date	Account Number(s)	Type of Account	Beginning Interest Rate	Beginning Annual Percentage Yield	Opening Balance	Cards Requested
03/13/2018	9444298197	TCF FREE CHECKING	.0000	.0000	\$25.00	1
	7444298198	TCF FREE SAVINGS	.0100	.0100	\$25.00	0

*9910

ANGACH OMOD OJO

checks \$19.95 7-10 days

tcfbank.com

1127 13TH ST S
ST CLOUD, MN 56301

Free *2.5%*

DEFINITIONS

"Account" means the checking, savings, money market, or certificate of deposit account(s) listed above.

"Account Contract" means: (1) this Agreement; (2) TCF's *Terms and Conditions for Checking and Savings Accounts* (except for certificates of deposit) or TCF's *Terms and Conditions for Certificates* (for certificates of deposit); (3) TCF's *Deposit Account Services and Prices Schedule*; (4) TCF's *Current Rates and Yields* schedule; (5) the TCF Privacy Policy; and (6) Truth-in-Savings Act Disclosures (as applicable). TCF may change your Account Contract from time to time by giving you notice of the change.

"Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.

"TCF," "TCF Bank," "we," "us," and "our" mean TCF National Bank.

"You" and "your" mean each person or entity named above as Account owner. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER (In this certification below, "I," "me," and "my" mean the Account owner)

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below) (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

Signature of U.S. Person: X *[Signature]* Date: ~~3/13/18~~ 3/13/18

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: (1) An individual who is a U.S. citizen or U.S. resident alien; (2) A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; (3) An estate (other than a foreign estate); or (4) A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

ARBITRATION AGREEMENT ACKNOWLEDGMENT

Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have the right to: (1) a jury or court trial to resolve the dispute; or (2) pursue a claim as a class action. **You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract.** See the section called "Arbitration of Disputes" in TCF's *Terms and Conditions for Checking and Savings Accounts* (except for certificates of deposit) or TCF's *Terms and Conditions for Certificates* (for certificates of deposit) for more information.

1. Initial: XAO 2. Initial: _____ 3. Initial: _____ 4. Initial: _____