



# 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.

<b>SECTION 1 BASIC INFORMATION</b>		
Employee Name	SSN# (last 4 digits)	Effective Date
Angelina Hodge	7671	01-13-15

<b>SECTION 2 PAYROLL ELECTION</b>		
<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)		

<b>SECTION 3 DIRECT DEPOSIT</b>	
<input type="checkbox"/> Update Bank Account Bank Name: Western Union Routing#: 073972181 Account#: 700002961030337 Account Type: <input 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: AH Date: 01-13-15

- 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.

<b>SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASI CARD)</b>	
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. However, the financial institution may ask you to provide them additional identification information so they can	

**DIRECT DEPOSIT FORM**

This form serves as your voided check for purposes of direct deposit. Just fill out this form and give it to your employer or government payments provider.

Prepared for:  
ANGELINA HODGE  
1516 4TH ST N  
SAINT CLOUD, MN 56303-3915

073972181  
Routing Number  
700002961030337  
Account Number  
Metabank  
Bank/Financial Institution Name

**CHOOSE DEPOSIT AMOUNT (PER PAY PERIOD)**

100% of check

Other % of check: \_\_\_\_\_ %

Set amount \$ \_\_\_\_\_



I wish to have my net take of governing benefits, but my direct deposit to Western Union. I understand that my employer or payer is responsible for any errors made in error to my account(s). This authority will remain in effect until I notify my employer or other payer in writing or as otherwise specified by my employer or payer.

x Angelina Hodge  
ACCOUNT HOLDER SIGNATURE

12-15-14  
DATE

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 rules, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 5 AUTHORIZATION</b>	
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: ahodge160 @ gmail.com	this information will only be used to send your paystubs electronically
Employee's Signature: Angelina Hodge	Date: 01-13-15