



Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name Ayank Abdikarim

SSN# (last 4 digits) 5299

Effective Date 6/12/18

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

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

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

Paper Check (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: City and County

Routing# 296075810

Account# 1313762120928

Account Type: Checking Savings 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 AA Date 6/12/18

- 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 Ayank M.I. K Last Name Abdikarim Date of Birth 6/27/1986

Street Address (PO BOX NOT ACCEPTABLE) 1521 Bluestem Lane Social Security# 621-90-5249

City Newport State MN Zip 55055 Cell Phone (mobile) 651-808-1551

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

Payroll Debit Card Routing # 296075810 Payroll Debit Card Account # 1313762120928

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: Ayank Abdikarim

Date: 6/12/18

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: ayank.abdikarim70@gmail.com

this information will only be used to send your paystubs electronically

Employee's Signature: Ayank Abdikarim

Date: 6/12/18



2/27/2018

1521 Blue Stem Ln
Newport, Mn 55055

Dear

You recently requested account and routing number information to set up direct deposit. Your account information and routing number are located at the bottom of this letter. Keep this letter for your personal records and make copies as needed.

This letter can be used in place of a cancelled check or deposit slip as proper verification of routing and account number. Incomplete information may cause a delay in processing the transaction as requested.

Please don't hesitate to reach out if you or your employer has any questions. We can be reached at (651) 225-2700, 800 223-2801 or at www.cccu.com.

Sincerely,

City & County Credit Union

I authorize _____ to deposit into my City & County Credit Union account.

Account Number _____ 1313762120828 _____

This is a: Savings Account Checking Account

City & County Credit Unions routing number: 296075810

Signature _____ Date _____