



employer solutions staffing group^{llc}

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	SSN# (last 4 digits)	Effective Date	
Ronald Baker	7774	12/30/2015	
SECTION 2 PAYROLL ELECTION			
☐ Direct Deposit (Please complete Sections 3 and 5 below) ☐ Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
ACCOUNT	☐ Update Bank Account		
	Bank Name:		
	Routing#		
	Account#		
	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 _____ 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 (GLOBAL CASH 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
Ronald	T	Baker	05-10-1959
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
109 Museum Blvd Apt 1 / P.O. Box 71			403-92-7774
City	State	Zip	Cell Phone (mobile)
Upsala	MN	56384	859-954-8994
GET TEXT ALERTS, when your paycheck is deposited on your card! ☐ Yes, sign me up, for text alerts All we need to know your cell phone service provider and mobile number above! My mobile service provider is: _____			
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing #	Payroll Debit Card Account #		
073972181	4853-4001-5319-3331		
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: Ronald T. Baker			Date: 12/30/15
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: Ronald T. Baker			Date: 12/30/15

MINNESOTA
DRIVER'S LICENSE



RONALD THOMAS BAKER
109 MUSEUM BLVD APT 1 PO BOX 71
UPSALA, MN 56384

Date of Birth **08-10-1959**

Sex	Eyes	Class
M	BLU	D

Height	Weight
5-6	270

ISSUED 04-2015

EXPIRES 08-10-2019

Ronald T. Baker

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