



FedExOffice

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Fax Cover Sheet

Date 12/16/11

Number of pages 2 (including cover page)

To:

Name NARITA ISHINEN

Company CMG

Telephone 303-920-1425

Fax 303-736-7767

From:

Name DANIELA KONTASIKI

Company _____

Telephone _____

Comments This is a copy / fax of my voided check to be put in the system for direct deposit @ ~~Bank of America~~ Bank of America



Fax - Local Send



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fedex.com 1.800.GoFedEx 1.800.463.3339

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
372-910-0348

Name (Last, First Middle Initial) KOWALSKI, DANIELLE, MARIE			
Home Address Street	City	State	Zipcode
7 5TH AVE APT #4	LOUISMONT	CO	80501
Date (Mo/Day/Yr) 12/2/11	Employee Signature <i>Danielle M Kowalski</i>	Daytime Phone Number (303) 709-7001	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
ELEVATIONS CREDIT UNION

Type of Account

Checking Savings Money Market Checking Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

