



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.

SECTION 1 BASIC INFORMATION

Employee Name	Darold Robinson	SSN# (last 4 digits)	8981	Effective Date	8-20-18
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SECTION 2 ELECTRONIC PAY OPTIONS

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)

SECTION 3 DIRECT DEPOSIT

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

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	Darold	M.I.		Last Name	Robinson	Date of Birth	4-25-79
Street Address (PO BOX NOT ACCEPTABLE)	906-12th Ave SE					Social Security#	321-68-8981
City	SE Cloud	State	WV	Zip	26304	Cell Phone (mobile)	

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

Payroll Debit Card Routing #	067011294	Payroll Debit Card Account #	9432108806198095
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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: _____

Paper Check (Option available to GA NH and NY residents only)

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 Darold Robinson Date: 8-16-18

Account Information Slip / Volante de Datos de Cuenta

Step 1: Complete the following information

Paso 1: Completa los siguientes datos

First Name / Nombre:

D A R O I D

Last Name / Apellido:

R O B I N S O N

Employee ID Number / Número de Empleado:

Step 2: Remove this slip at the perforation and provide to your employer

Paso 2: Desprende este volante en el perforado y entrégaselo a tu empleador.

Note: You will not need the numbers below once this slip is provided to your employer.

Nota: Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

For Employer Use Only / Para uso del empleador solamente:

ABA Routing Number: / Núm. de ruta ABA: 067011294

Account Number: / Núm. de cuenta: 9432108800198095

Money Network

Bank of America, N.A.
Money Network Cardholder Services
PO Box 247001
Omaha, NE 68124-7001
Return Service Requested

Bank of America 

Take charge of your pay!

Your Money Network®
Visa® Paycard and
Money Network™ Checks
are enclosed.



245 INDUSTRIAL BLVD
ROCHESTER MEAT
SAUK RAPIDS MN 56379-1238



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7647 0704 0001 377 QC1643 016