



employer solutions staffing group, inc.

### 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
Day Sean Lee	1412	3-19-18
<b>SECTION 2 PAYROLL ELECTION</b>		
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <input checked="" type="checkbox"/> Paper Check (Option available to GA NH and NY residents only)		
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)		
<b>SECTION 3 DIRECT DEPOSIT</b>		<p><i>Note: Direct Deposit accounts may take up to 7 days to be activated.</i></p> <p><b>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.</b></p> <p>Initial _____ Date _____</p>
<input type="checkbox"/> Update Bank Account		
Bank Name	Affinity Plus	
Routing#	296076301	
Account#	2789253627	
Account Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
<ul style="list-style-type: none"> <li>To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)</li> <li>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.</li> </ul>		
<b>SECTION 4 PAYROLL DEBIT CARD</b>		
<p>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.</p> <p>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.</p>		
<b>CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)</b>		
First Name	M.I.	Last Name
Street Address (PO BOX NOT ACCEPTABLE)		Date of Birth
City		Social Security#
State	Zip	Cell Phone (mobile)
<b>RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)</b>		
Payroll Debit Card Routing #	Payroll Debit Card Account #	
<p>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.</p>		
Employee's Signature: _____		Date: _____
<b>SECTION 5 AUTHORIZATION</b>		
<p>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). <b>* E-mail is required for pay stub information.</b></p>		
<p>*E-mail: _____ @ _____ this information will only be used to send your paystubs electronically</p>		
Employee's Signature: <u>Day Sean Lee</u>		Date: <u>3-15-18</u>



**AFFINITY PLUS**  
FEDERAL CREDIT UNION

March 15 2018

Daysean Lee  
1837 Eastern Star Loop  
Sauk Rapids MN 56379

Dear Daysean,

Thank you for recently requesting your account information. Please accept this letter as verification of your Affinity Plus account information.

Convenient banking is just one of the services available to you as an Affinity Plus member. The following information is needed for billing purposes or direct deposit:

Member Name: Daysean Lee

Routing Number: 296076301

Checking Account Number: 2789253627

If you have any questions, please contact us at (800) 322-7228 or using Live Chat on our website at [affinityplus.org](http://affinityplus.org).

Thank you for your valued membership.

Sincerely,

Affinity Plus Federal Credit Union

St. Cloud Heritage  
2835 W St. Germain St., Suite 100  
St. Cloud, MN 56301  
Phone (320) 203-1765  
Fax (320) 203-7496  
[www.affinityplus.org](http://www.affinityplus.org)

