



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 Denise Martinez	SSN# (last 4 digits) 0820	Effective Date
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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)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name:
North Valley Bank

Routing#
107005076

Account#
2040608

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 DEBIT CARD)

Federal law requires all financial institutions to obtain, verify, and record personal information from all individuals who request a Payroll Debit Card for you, we must provide you with a copy of this information. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, we will use the information to issue a Payroll Debit Card to pay your wages. For your protection, the financial institution will verify your identity.

Except for the routing and account number, ESSG does not use your account information for other transactions. On your first payday, you will receive your wages by direct deposit. You will receive your wages when you sign acknowledging that you received the Payroll Debit Card wages.

CARDHOLDER INFORMATION (as you want your information to appear on the card)

First Name: **Denise Martinez** M.I. _____

Street Address (PO BOX NOT ACCEPTABLE): _____

City: _____ State: _____ Zip: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed by you)

Payroll Debit Card Routing #: **073972181**

Payroll Debit Card Account #: **2040608**

I have received my Payroll Debit Card, welcome brochure, and I am agreeing to the program terms, conditions, and disclosures. I authorize the financial institution to debit my Payroll Debit Card for my wages. I understand that my wages will be deposited 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).

Account Type: Checking Account

Employee's Signature: **Denise Martinez** Date: **11/8/2016**

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: **musicnote101@yahoo.com**
this information will only be used to send your paystubs electronically

Employee's Signature: **Denise Martinez** Date: **11/8/2016**