



employer solutions staffing group^{inc.}

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 <u>Dennis Reese III</u>	SSN# (last 4 digits) <u>9655</u>	Effective Date <u>10/31/16</u>
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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: Wells Fargo

Routing#: 102000076

Account#: 6583883092

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 will provide the information required to open your Payroll Debit Card account or if the terms and conditions. You will be reloaded on each payday you receive wages.

Wells Fargo
Checking

R: 102000076

A: 6583883092

Dennis Reese

CARDHOLDER INFORMATION (as you want it)

First Name	M.I.
Street Address (PO BOX NOT ACCEPTABLE)	
City	State

Date of Birth

Social Security#

RECEIPT OF PAYROLL DEBIT CARD (to be kept by employee)

Payroll Debit Card Routing # <u>073972181</u>	Payroll Debit Card Account # <u>6583883092</u>
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I have received my Payroll Debit Card, welcome brochure, and activation card. I am agreeing to the program terms, conditions, and disclosures, and authorize the financial institution to debit my Payroll Debit Card for my wages.

activating my Payroll Debit Card, time from the financial institution. I understand that this is part of the program terms,

Employee's Signature: _____

Date: _____

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: Dennis.Reese@epha.com @

this information will only be used to send your paystubs electronically

Employee's Signature: Dennis Reese

Date: 09/22/16