



employer solutions staffing group

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	Dimitrie Luca	SSN# (last 4 digits)	3898	Effective Date	3-26-18
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 4 and 5 below) Paper Check (Option available to GA NH and NY residents only)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: _____

Routing#: *see attached*

Account#: _____

Account Type: Checking Savings Other _____

Note: Direct Deposit accounts may take up to 7 days to be activated.

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	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

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

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

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: _____ Date: _____



Bank on a meaningful difference.

3030 1st St. S
St. Cloud MN 56301
320.252.2634

1716 Pine Cone Rd S
St. Cloud MN 56377
320.252.2634

120 10th Ave N
St. Cloud MN 56303
320.252.2634

Direct Deposit Agreement Form*

Authorization Agreement

I hereby authorize _____ to initiate automatic deposits to my account with St. Cloud Federal Credit Union. I also authorize withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until I have given written notice of cancellation to my employer.

Account Information

Member Name: Dimmie Lual

Financial Institution: St. Cloud Federal Credit Union

Routing Number: 291975656

Account Number: 4377208 50% Checking | Savings

Account Number: 437720 50% Checking | Savings

Signature

Authorized Signature (Primary): Date: 3/23/18

SCFCU Credit Union Employee: Date: 3/23/18

*This form is intended for use by St. Cloud Federal Credit Union members in lieu of a cancelled check for the purposes of setting up direct deposit.