

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 05/11/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015131081255HN

Case Information:

Employer Information:

Last Name: Eaton

Middle Initial: D

Social Security Number: *** ** 2242

Citizenship Status: A citizen of the United States

Document Information: ID card issued by a U.S. federal, state or local government agency

List B Document: List C Document: Social Security Card

Alien Number: I-94 Number:

Additional Information: Hire Date: 05/11/2015

Three-Day Rule Reason: RBUR3676

Submitted By: Submitted On: 05/11/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name: First Name: Jeffrey

Middle Initial: Other Names Used: Date of Birth: 08/25/1992

Social Security Number: Other Names Used: List C Document: Social Security Card

Resubmitted By: Resubmitted On: Submitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

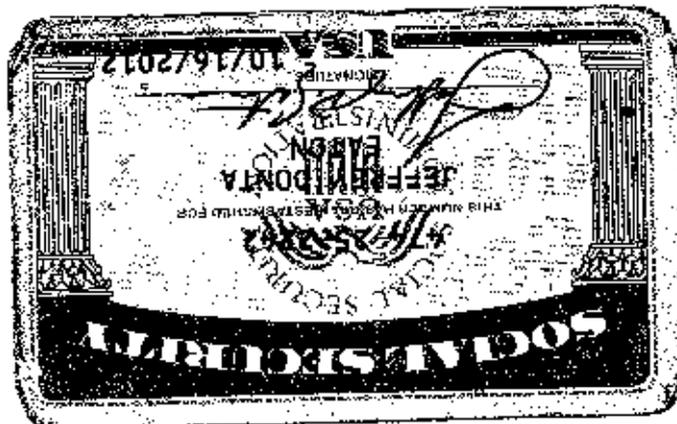
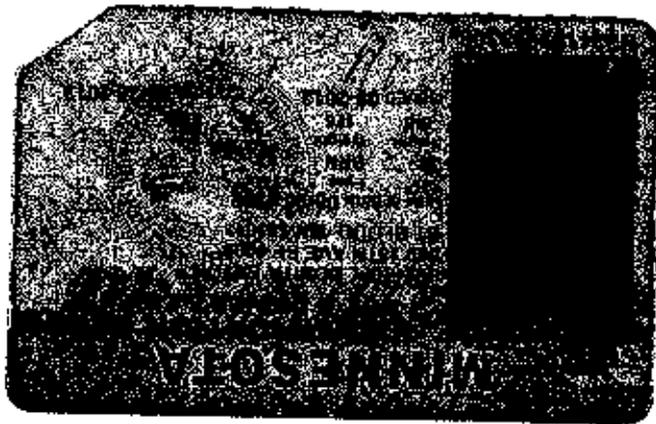
Case Result:

Response Date:

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: RBUR3676
Closed On: 05/11/2015

SENSITIVE BUT UNCLASSIFIED



THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, RESTRICTION PERMIT OR IDENTIFICATION CARD NUMBER: **08251992**

DATE OF BIRTH: **08/25/1992**

MAIL LABEL NAME: **TALKERV DONTA** COMPLETE MAILING NAME: **EATON**

PREVIOUS LABEL NUMBER: **12241296933018**

COMPLETE MAILING NAME: **EATON**

COMPLETE MIDDLE NAME: **DONTA**

COMPLETE LAST NAME: **EATON**

MAIL LABEL NAME: **TALKERV DONTA** COMPLETE MAILING NAME: **EATON**

COMPLETE MIDDLE NAME: **DONTA**

COMPLETE LAST NAME: **EATON**

MAIL LABEL NUMBER: **12241296933018**

DATE OF BIRTH: **08/25/1992**

STREET ADDRESS: **780 KATH ST S.**

CITY: **ST. CLOUD** STATE: **MINN** ZIP CODE: **56301**

APPLICANT'S PHYSICAL DESCRIPTION

SEX: **M** HEIGHT: **5** FT. **06** IN. WEIGHT: **185** LBS.

HAIR: **BROWN** EYES: **BROWN**

MARKS: **X** (Male) **X** (Female)

APPLICANT'S SIGNATURE: *[Signature]*

APPLICANT'S SIGNATURE: *[Signature]*

APPLICANT'S PHYSICAL DESCRIPTION: **185** LBS., **5** FT. **06** IN.

HAIR: **BROWN** EYES: **BROWN**

MARKS: **X** (Male) **X** (Female)

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: **651-297-3298**

License Status, available 24/7: **651-284-2000**

General DVS Information: **651-296-6911**

TDD/TTY: **651-282-6555**



DVS
Driver & Vehicle Services

(DVS USE ONLY)

St. Cloud D.L. Exam Station
3333 W. Division St. S. 114
St. Cloud, MN 56301

TYPE <input checked="" type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input checked="" type="checkbox"/> MBO <input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP	EDL <input type="checkbox"/> DUP <input type="checkbox"/> DUP	TESTS PASSED <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TPL <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICTIONS <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADDRESS MOVE	VISION <input checked="" type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED
INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	FEES PAID APPLICATION 15.75 OTHER FEES MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$	INVALIDATED DL ID IP STATE: MINN Exp: 8-25-17		

Notes: *[Signature]*
 Returned by Post Office

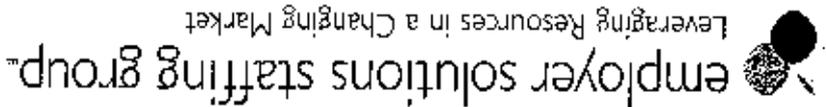
I was provided all privacy warnings as required by state and federal law. Subsequent to this application, I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

[Signature]
 APPLICATION DATE: **05/07/15**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.



7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • Fax: 952.835.1255
 www.esgstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name ETHON First Name JEFFERY Middle Initial D
 Street Address 780 14th ST S. Apt/Ste 22
 City/State/zip ST. CLOUD, MN, 56301
 Phone Number 320-828-4682 Email Address ethon.jeffery@yundo.com
 Staffing Agency/Recruitment Partner CMG

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Name (Print or type) Jeffery Ethon
 Applicant's Signature [Signature]
 Date 5/6/15

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DOH	NHW	I-9	8850	WA
For ESSG Office Use Only				

ESSG - CMG

Rev. 11/2013

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Monogamy income: If you have a large amount of monogamy income, such as marital or children's support, you may be eligible for a reduced rate of 10.4%.

Purpose: Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding: If you are exempt, you may claim an exemption from withholding for 2015 and 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding for 2015 and 2016.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding for 2015 and 2016.

Head of household: Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individual. See Pub. 505, Exemptions, Standard Deduction, and Filing Information, for the definition.

Check your withholding: After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax liability for 2015. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$150,000 (married).

Exemptions: An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

• is blind, or

• is age 65 or older.

• Will claim adjustments to income tax credits, or itemized deductions, on his or her tax return.

• Tax credit: You can take a projected tax credit into account in figuring your allowable number of withholding allowances. See Pub. 505 for information on converting your other credits into withholding allowances.

• Future development: Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

• You are single and have only one job; or

• You are married, have only one job, and your spouse does not work; or

• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

Enter "1" for yourself if no one else can claim you as a dependent.

Enter "1" if:

• You are single and have only one job; or

Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

Enter "1" if you will file as head of household on your tax return (see conditions under head of household above).

Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

Child Tax Credit (including additional child tax credit): See Pub. 972, Child Tax Credit, for more information.

• If your total income will be less than \$5,000 (\$10,000 if married), enter "2" for each eligible child; then lease "1" if you have two or four eligible children or less "2" if you have five or more eligible children.

• If your total income will be between \$5,000 and \$4,000 (\$10,000 if married), enter "1" for each eligible child.

Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$60,000 (\$20,000 if married), see the Two-Earnings/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

• If you are married and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$60,000 (\$20,000 if married), see the Two-Earnings/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

Form W-4

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service

Your first name and middle initial: CEFERN D. MIDDLE

Home address (number and street or rural route): 780 14th St S

City or town, state, and ZIP code: ST. CLOUD, MN 56301

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 5

Additional amount, if any, you want withheld from each paycheck: 0

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature: CEFERN D. MIDDLE

Date: 5/6/15

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS): EATON

Employer identification number (EIN):

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

2 Your social security number: 474-25-2242

3 Single Married Married, but withheld at higher single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 5

6 Additional amount, if any, you want withheld from each paycheck: 0

7 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and this year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.

8 City or town, state, and ZIP code: ST. CLOUD, MN 56301

9 Office code (optional):

10 Employer identification number (EIN):



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator		Date (m/d/yyyy)		

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)

Signature of Employee	Date (m/d/yyyy)
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

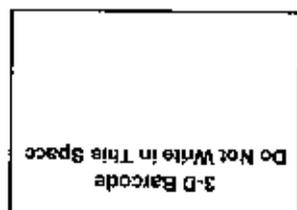
Foreign Passport Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following: _____

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____



For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

An alien authorized to work until (expiration date, if applicable, m/d/yyyy) _____ . Some aliens may write "N/A" in this field. (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

A noncitizen national of the United States (See instructions)

A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Date of Birth (m/d/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
780 14th St S	727425-2242	cmomjefkmy@qchar.com	320 828-4632
Address (Street Number and Name)	Apt. Number	City or Town	State
780 14th St S	22	St. Cloud	MN
Zip Code	56301	Other Names Used (if any)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial
ETHAN		JERRY	D

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Retiree (if applicable) (m/d/yyyy):

Section 3: Reverification and Retirees (To be completed and signed by employer or authorized representative.)

Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code		

The employee's first day of employment (m/d/yyyy) 05/1/2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the employee is authorized to work in the United States.

Certification

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):

3-D Barcode Do Not Write in This Space

Employee Last Name, First Name and Middle Initial from Section 1: Eaton, Jeffrey D.

AND

List A OR List B AND List C

Identity and Employment Authorization

Document Title: SS Card Issuing Authority: SSA Document Number: 74-25-2474 Expiration Date (if any) (m/d/yyyy): NA 04/19/2019 3308

Document Title: MN ID Card Issuing Authority: State of MN Document Number: NA 04/19/2019 3308 Expiration Date (if any) (m/d/yyyy):

Section 2: Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.



DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.oranagetreescreening.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-a of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. I do hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at www.oranagetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-a of the New York Correction Law.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG. (Must include email address.)

BACKGROUND INFORMATION

Signature: [Signature] Date: 5/6/15

Last Name: EATON First: JEFFERY Middle: DOUWEN

Other Names/Aliases: _____

Social Security #: 474-25-2242

Date of Birth (mm/dd/yyyy): 08/25/1992

State of Driver's License: N/A

Driver's License #: N/A

Present Address: 780 14th St S

City/State/Zip: St. Cloud / MN / 56301

Telephone # (Primary): 320-828-4682

*This information will be used for background screening purposes only and will not be used as hiring criteria.

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: Jeffrey Epton SSN# (last 4 digits) 2242 Effective Date 5/6/15

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)
 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 _____

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 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 _____
 Street Address (no box not acceptable) _____
 City _____ State _____ Zip _____
 Cell Phone (mobile) _____
 Social Security# _____
 Date of Birth _____

GET TEXT ALERTS, when your paycheck is deposited on your card.
 Yes, sign me up, for text alerts
 My mobile service provider is: _____

All we need to know your cell phone service provider and mobile number above;
 RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)
 Payroll Debit Card Routing # _____
 Payroll Debit Card Account # _____

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.

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: Jeffrey Epton @ Yambo.com
 this information will only be used to send your paystubs electronically

Employee's Signature: Jeffrey Epton Date: 5/6/15

