



employer solutions staffing group LLC

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 Galen Sampson SSN# (last 4 digits) 5841 Effective Date 1/16/15

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

**A
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☐ Update Bank Account

Bank Name: First Bank

Routing#: 107005047

Account#: 6781201942

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 GS Date 1/16/15

- 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 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 (Payroll Debit Card to be issued)

First Name _____
 Street Address (PO BOX) _____
 City _____

GET TEXT ALERT

All we need to know is _____

RECEIPT OF PAYROLL DEBIT CARD

Payroll Debit Card R# 122242597

I have received my Payroll Debit Card and I am agreeing to the program terms, conditions, and disclosures.

Employee's Signature _____

NAME Galen Alexander Sampson 82-504/1070
 ACCOUNT NO. 6781201942
 DATE _____
 PAY TO THE ORDER OF _____ \$ _____
 DOLLARS
1ST BANK www.efirstbank.com (800) 964-3444
 MEMO _____
 107005047 6781201942 89

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: G-Sampson @ yahoo.com

this information will only be used to send your paystubs electronically

Employee's Signature: Galen Sampson Date: 1/16/15