



# 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 <u>Carolyn Gavins</u>	SSN# (last 4 digits) <u>8813</u>	Effective Date <u>10/8/15</u>
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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)

### SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: Wells Fargo  
 Routing#: 091000014  
 Account#: 5695172543  
 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 CG Date 10/8/15

- 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 (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)

**GET TEXT ALERTS**, when your paycheck is deposited on your card!  
 All we need to know your cell phone service provider and mobile number above!  Yes, sign me up, for text alerts  
 My mobile service provider is: \_\_\_\_\_

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

Payroll Debit Card Routing # <u>073972181</u>	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: Carolyn Gavins 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: Carolyn Gavins Date: 10/8/15

# Consumer Account Application



Bank Name: WELLS FARGO BANK, N.A. Store Name: COTTAGE GROVE  
Banker Name: VALEEN M. NOWICKI Officer/Portfolio Number: 27618 Date: 10/17/2014  
Banker Phone: 651/205-6602 Store Number: 00921 Banker AU: 0009656 Banker MAC: N9158-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### New Account Information

Product Name: Wells Fargo Everyday Checking Account Number: 5695172543 Product: DDA  
Purpose of Account: Personal/Household Minor: COID: 300  
Product Name: Wells Fargo Way2Save Savings Account Number: 6204925371 Product: DDA  
Purpose of Account: Savings Minor: COID: 300  
New Account Kit: C20140407-0053695379  
Checking/Savings Bonus Offer Available: YES Bonus Offer Code: ATMPLS

### Related Customers

Customer Name: CAROLYN GAVINS Account Relationship: Sole Owner

### Statement Mailing Information

Customer(s) Listed on Statement: CAROLYN GAVINS  
Statement Mailing Address: 8601 GROSPPOINT AVE S  
Address Line 2:  
City: COTTAGE GROVE State: MN  
ZIP/Postal Code: 55016-2725 Country: US

Routing # 091000019

Customer Copy