



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>Heidi Goeringer</u>	SSN# (last 4 digits) <u>213-39-9785</u>	Effective Date
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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:
Elevations Credit Union

Routing# 307074580

Account# 1008000179912

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 HG Date 11/25/2014

- 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.

Excuse my handwriting. I am providing you Payroll Debit Card account or conditions. You will receive each payday you receive

trans: Heidi L Goeringer
then: Kristi L Goeringer
wag: 9885 W 97th Dr
CA: Westminister CO 80021

Date 12/2/2014 0105 82-7458/3070

Pay to the Order of _____ \$ _____ Dollars

VOID

ELEVATIONS CREDIT UNION
PO Box 9004
Boulder, CO 80301-9004
303.443.4672 800.429.7826
ElevationsCU.com

MEMO _____ **VOID**

MP

307074580100800017991210105

I have received my Payroll Debit Card. I am agreeing to the program terms, conditions, and disclosures that are included or made available to me 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: higoeringer@gmail.com
this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: 11/25/2014