



employer solutions staffing group, LLC

Leveraging Resources in a Changing Market

Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name John Santema SSN# (last 4 digits) 9265 Effective Date _____

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated*
 Payroll Debit Card (Please complete Sections 4 and 5 below) Paper Check (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account see
Bank Name: attached
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 _____

- 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) _____

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

Payroll Debit Card Routing # 073972181 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.

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: 4/3/17

MID-MINNESOTA FEDERAL CREDIT UNION

BAXTER | 13283 Isle Drive | Baxter, MN 56425 | (218) 829-0371 | www.mmfcu.org

Direct Deposit Authorization Agreement

I, JOHN SANTEMA, hereby authorize Huisken Meat Co to initiate automatic deposits to my account at the financial institution named below. I also authorize withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold Huisken Meat Co responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Huisken Meat Co receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employer Mailing Address:

Employee Name: JOHN SANTEMA

Employee ID Number/SSN: 474969265

Account Information

Name of Financial Institution: MidMinnesota Federal Credit Union

Routing Number: 291973360

Account Number: 307693305

Checking | Savings

Amount: \$ _____ or Percentage of Pay (1 - 100): 100 %

Signature

Authorized Signature (Primary):



Date: 4/3/2017

Authorized Signature (Joint):

Date: 4/3/2017

JOHN SANTEMA 412 1ST AVE SE LITTLE FALLS, MN, 56345	022
VOID	
PAY TO THE ORDER OF _____	DATE _____ \$ _____
MidMinnesota Federal Credit Union 307 1st Street SE Little Falls, MN, 56345	100 DOLLARS  Security features include: - Watermark - Microprint - Color and texture
MICRNO _____ MP _____	
⑈ 0 2 2 ⑈ ⑆ 291973360 ⑆ 307693305 ⑈	