



employer solutions staffing group^{inc.}

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 Lisa Scott | SSN# (last 4 digits) 1204 | Effective Date 1-17-17 |
|------------------------------------|-------------------------------------|----------------------------------|

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)

SECTION 3 DIRECT DEPOSIT

| | |
|---------|--|
| ACCOUNT | <input checked="" type="checkbox"/> Update Bank Account |
| | Bank Name: Westerra Credit Union |
| | Routing# 3020 7531 9 |
| | Account# 100009 2397908 |
| | Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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 **LS** Date **1-17-17**

- 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: **lisacurtisscott @comcast.net**
this information will only be used to send your paystubs electronically

Employee's Signature: **Lisa Scott** Date: **1-17-17**

AUTHORIZATION FOR NET DEPOSIT

Name: LISA M SCOTT Social Security Number: 521-41-1204
Address: 10040 HOLLAND CT Extra address: _____
City: WESTMINSTER State: CO Zip: 80021
Employer: _____
Home Telephone: _____ Work Telephone: _____
Westerra Account Number 1000092397908
Westerra Routing and Transit Number 3020 7531 9

- Deposit Net Pay to the Following Account:
- Share Savings Account
 - Share Draft Checking Account
 - Money Market Account

In consideration of your compliance with this request and authorization, I hereby expressly absolve you from any liability to any delay, loss or inconvenience caused me if payment so forwarded is lost or delayed in transit or lost erroneously or improperly dealt with by said depository after receipt thereof. This authorization supercedes any previous authorizations for direct deposit executed by me.

Signature (Member) Date 1-17-2017

Westerra CU Rep 1559 Date 1-17-2017