



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 MARY ANNE V DAGATA	SSN# (last 4 digits) 3790	Effective Date 12-3-2014 <i>Immediate</i>
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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#
100 8000 260851

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 **MVA** Date **12-3-2014**

- 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.

Except for the routing and account number, ESSG does not have access to your account information or transactions. On your first payday, you will receive your card. You will need to activate your card. You will then sign for your card. You will receive your card account or conditions. You will receive your card on your payday you receive wages.

CARDHOLDER'S NAME First Name Street Address City	MARY ANNE V. D'AGATA PH. 720-841-3813 P.O. BOX 333 HYGIENE, CO 80533	1339 82-7458/3070
Payroll Debit Card Account Number	VOID	VOID
Payroll Debit Card Expiration Date	VOID	VOID

ELEVATIONS CREDIT UNION
 PO Box 9004
 Boulder, CO 80301-9004
 303.443.4672 800.429.7626
 ElevationsCU.com

For: **VOID**
 307074580 1008000260851 01339

I have received my Payroll Debit Card, and I am agreeing to use it for my wages. 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: **Cuisinequeen2000@yandex** @ **yahoo.com**
 this information will only be used to send your paystubs electronically

Employee's Signature: **Mary Anne V D'Agata** Date: **12-03-2014**