



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 Ruth Anne Meija SSN# (last 4 digits) 4932 Effective Date 5-8-15

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#: _____
 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 RM Date 5-8-15

- 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 a Payroll Debit Card to pay verify your transactions. Except for transactions, then sign ac wages.

To set up or change your Direct Deposit:

- Find your new Routing Number (RTN) and Account Number located below
- Provide this information to your employer/payor

Ruth Meija

 Date _____

In order to verify you. If payroll Debit so they can account or is. You will you receive

Pay to the Order of Direct Deposit \$ _____ Dollars

CARDHOLDER
 First Name
 Street Address
 City



VOID

Routing Number (RTN) 1020000761 Account Number 9392606746

RECEIPT
 Payroll Debit Card # 012714101

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: Ruth Meija

Date: 5-8-15

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: palumeija76@gmail.com
 this information will only be used to send your paystubs electronically

Employee's Signature: Ruth Meija

Date: 5-8-15