



employer solutions staffing group_{uc}

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 <i>Thomas Montgomery</i>	SSN# (last 4 digits) <i>9358</i>	Effective Date <i>10-14-15</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

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Update Bank Account

Bank Name: *Diversified Credit Union*

Routing# *291074748*

Account# *7183*

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 *TEM* Date *10/13/15*

- 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 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 require you to provide any other information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new card. You will receive a copy of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and that you agree to the terms and conditions. The card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card)

First Name	M.I.	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)		Social Security#
City	State	Zip

GET TEXT ALERTS, when your paycheck is deposited on your card, you will receive a text message. Sign up, for text alerts. All we need to know your cell phone service provider and mobile phone number. Mobile service provider is: _____

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

Payroll Debit Card Routing # <i>073972181</i>	Payroll Debit Card Account #
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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: *Thomas Montgomery* Date: *10/13/15*



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If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name <i>Thomas Montgomery</i>	SSN# (last 4 digits) <i>9358</i>	Effective Date <i>10-14-15</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: *Patelco Credit Union*

Routing# *321076470*

Account# *74600098290610*

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 *TM* Date *10/13/15*

- 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 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 will provide you with a voided check containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card. The Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your card)		
First Name	M.I.	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)		Social Security#
City	State	Phone (mobile)

GET TEXT ALERTS, when your paycheck is deposited. Yes, sign me up, for text alerts
 All we need to know your cell phone service provider is: _____
 My mobile service provider is: _____

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

Payroll Debit Card Routing # <i>073972181</i>	Payroll Debit Card Account # _____
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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: *Thomas.Montgomery* @ _____
 this information will only be used to send your paystubs electronically

Employee's Signature: *Thomas Montgomery* Date: *10/13/15*



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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 <i>Thomas Montgomery</i>	SSN# (last 4 digits) <i>9358 1358</i>	Effective Date <i>10-14-15</i>

SECTION 2 PAYROLL ELECTION	
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)	
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)	

SECTION 3 DIRECT DEPOSIT	
<input type="checkbox"/> Update Bank Account	<p>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.</p> <p>Initial <i>TEM</i> Date <i>10/13/15</i></p>
Bank Name: <i>Wings Financial</i>	
Routing# <i>296076154</i>	
Account# <i>8109058548</i>	
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	

- 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.

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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 have received the card and the packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (Card to be issued)	
First Name <i>[Redacted]</i>	Date of Birth _____
Street Address (PO BOX NOT ACCEPTED) <i>[Redacted]</i>	Social Security# _____
City <i>[Redacted]</i>	Cell Phone (mobile) _____

GET TEXT ALERTS, when you receive your Payroll Debit Card. All we need to know your cell phone number is the number above! Yes, sign me up, for text alerts
My mobile service provider is: _____

RECEIPT OF PAYROLL DEBIT CARD (pick up your Payroll Debit Card)	
Payroll Debit Card Routing # <i>073972181</i>	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: *Thomas Montgomery* Date: *10/13/15*