



employer solutions staffing group

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	odol oman	SSN# (last 4 digits)	9367	Effective Date	1-7-18
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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)
 Paper Check (Option available to GA NH and NY residents only)

SECTION 3 DIRECT DEPOSIT

Update Bank Account
 Bank Name: _____
 Routing#: _____
 Account#: _____
 Account Type: Checking Savings Other _____

Note: Direct Deposit accounts may take up to 7 days to be activated.

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

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 #	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: [Signature] Date: _____

Direct Deposit Authorization Form

To set up a Direct Deposit into your TCF account, ZEO Prepaid Visa Debit Card, or ZEO Savings account, complete this form and submit it to your employer.

Please contact your employer or payor to determine their requirements to authorize Direct Deposit. This will include completing this or another authorization form and/or a voided check. If you are setting up a Federal Direct Deposit, visit the appropriate website or office below.

- Social Security or Supplemental Security Income: www.ssa.gov/deposit/
- Civil Service Retirement: www.opm.gov
- Veterans Benefits: www.ebenefits.va.gov
- Railroad Retirement: www.rrb.gov
- Federal or Military Salary: Federal or Military Personnel Office

EMPLOYEE INFORMATION

Employee Name _____ Company Employee ID# _____
Address _____ City _____
State _____ ZIP _____

BANK ROUTING AND ACCOUNT NUMBERS

ROUTING NUMBER | 9 digits 2 9 1 0 7 0 0 0 1 ACCOUNT NUMBER | 10 digits 4 8 5 2 9 0 7 0 0 9

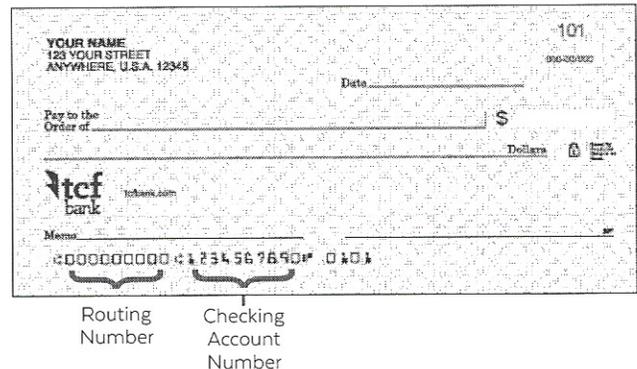
To set up Direct Deposit, you will need your TCF or ZEO routing and account numbers.

Find your 10-digit account number on your account statement or on a blank check.

FOR TCF CHECKING OR SAVINGS OR ZEO SAVINGS ACCOUNTS

Select the routing number from the state where you opened your account.

Arizona – 122106183	Michigan – 272471548
Colorado – 107006444	Minnesota – 291070001
Illinois – 271972572	South Dakota – 291070001
Indiana – 271972572	Wisconsin – 275071385



FOR ZEO PREPAID DEBIT CARD

Routing Number: 291070001

Account Number: Log in to your ZEO account, go to the Fund My Card tab and select Direct Deposit. You can also find your 17-digit account number in your original Welcome to ZEO kit.

If required, select DDA or Checking as the account type.



AUTHORIZATION

Until revoked by me in writing, _____ (employer) is hereby authorized to deposit my net pay each pay period directly into my TCF Bank/ZEO account as shown above. This includes authorization for my employer to reverse any entries made in error.

Employee Signature: _____ Date: _____

1-800-TCF-BANK (1-800-823-2265) • tcfbank.com

