

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/03/2015
 Page: 1 of 1

Case Verification Number: 2015034114826BK

Case Information:

Employee Information:	Last Name: Othow	First Name: Arlet
	Middle Initial: *** ** 0200	Other Names Used: 12/25/1988
	Social Security Number: A lawful permanent resident	Date of Birth: 12/25/1988
	Citizenship Status: A lawful permanent resident	Email Address:
Document Information:	List B Document: Drivers license or ID card issued by a U.S. state or outlying possession	List C Document: Social Security Card
	Document Name: Drivers license	Document State: Minnesota
	Driver's License or ID Card Number: 028129056	Document Expiration Date: 12/25/2018
Additional Information:	Alien Number: 028129056	1-94 Number:
	Hire Date: 02/03/2015	Employer Case ID: Three-Day Rule - Other
	Three-Day Rule Reason: RBUR3676	Submitted On: 02/03/2015
Initial Case Result:	Last Name (in DHS records): OTHOW	First Name (in DHS records): ARLET
	Case Result: Employment Authorized	

Employee Referred to SSA:

Referred By:	Referred On:
Case Result from SSA (after SSA Tentative Nonconfirmation):	Case Result:
Response Date:	

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:	
Request Name Review:	
Comments:	
Submitted By:	Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:	
Employee Referred to DHS:	
Referred By:	Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:	
Photo Matching Results:	

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result

Closed By:

RBUR3676

Closed On:

02/03/2015

SENSITIVE BUT UNCLASSIFIED

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Chms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.oranagreetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, information of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Chms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.oranagreetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Maine and Oklahoma applicants or employees only: Please check the box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

[Must include email address: _____]

Signature: Justin O'Neal Date: 2/3/2015

BACKGROUND INFORMATION

Last Name: O'Neal First: Justin Middle: Abdard

Other Names/Aliases: _____ Social Security #: 432-37-0200

Date of Birth (mm/dd/yyyy)*: 12/25-1988 State of Driver's License: _____

Present Address: 1235 W ST N Telephone # (Primary): 320-455-1609

City/State/Zip: St Cloud MN 56303

*This information will be used for background screening purposes only and will not be used as hiring criteria.

ENROLLMENT FORM

ESC NAY+SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 42-27-0200

Date of Birth 12/25/1988 Sex M F

Name THOMAS

Street Address 1235 14 ST N

City ST CLOUD State MN Zip 56303

Home Phone 320-455-0200

Do you or any dependents have Medicare? Yes No If Yes: Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date _____

Names of Covered Person(s) _____

1. _____

2. _____

3. _____

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

Fixed Indemnity Medical \$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL \$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

NO

TERM LIFE

Fixed Indemnity Medical \$0.60 Employee Only

\$0.90 Employee + 1

\$1.80 Employee + Family

YES NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

SHORT-TERM DISABILITY

Fixed Indemnity Medical \$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

82193010-M-EMP

Signature Thomas Date 12/25/1988

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

DOH _____		ROP _____	Work Site Loc. _____	WC Code _____
For ESSG Client Use				
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
DOH _____	NHM _____	I-9 _____	8850 _____	W4 _____
For ESSG Office Use Only				

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

Name (Print or type) ART F

Applicant's Signature ART F

Date

2/3/2015

If hired, I agree to abide by the policies and procedures of ESSG.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

Applicant Certification and Authorization

Are you legally authorized to work in the United States of America? YES NO

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner _____

Phone Number 800 455 5160

Email Address _____ @ _____

City/State/zip ST Cloud MN 56303

Street Address 1235 14 ST N APT 307

ApStie 307

Last Name Othow First Name ART F Middle Initial HO

Personal Data - PLEASE PRINT LEGIBLY IN INK

New Hire Application

7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • Fax: 952.835.1255
 www.esgstaffingsolutions.com

Levraging Resources in a Changing Market
 employer solutions staffing group



Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form on February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person (even when you are a dependent on his or her return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income for example, interest and dividends).

Exceptions. An employer may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim deductions to income, tax credits, or itemized deductions on his or her tax return.

Personal Allowances Worksheet (Keep for your records).

A Enter "1" for yourself if no one else can claim you as a dependent

B Enter "1" if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse, but you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit

G Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4
Department of the Treasury
Internal Revenue Service

1 Your first name and middle initial
Ariet B

2 Your social security number
472-37-0200

3 Home address (number and street or rural route), city or town, state, and ZIP code
1235 14 St N
Ariet MN 56303

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.
[]

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
5

6 Additional amount, if any, you want withheld from each paycheck
0 \$

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.
Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here. []

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
Date: 2/3/2015

9 Other code (optional)
10 Employer identification number (EIN)

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

(This form is not valid unless you sign it.)
Employee's signature
[Signature]

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cal. No. 102200
Form W-4 (2014)



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and not an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to notify my CMG/ESSG Consultant immediately of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG/ESSG Consultant.

Date:

2/2/2015

Associate's Signature:

[Handwritten signature]

Associate's Printed Name:

Arlene O'Hara

Orientation provided by:

Rebecca Burns

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read the Employer Solutions Staffing Group LLC Temporary Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG.

DATE 2/3/2015

EMPLOYEE NAME

Arist Othman

PLEASE PRINT

EMPLOYEE SIGNATURE

[Handwritten Signature]

ESSG REPRESENTATIVE

[Handwritten Signature]

Employee's Signature: Andrew Chmura Date: 2/3/2015

Employee Name (Please Print) Andrew Chmura

I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment Policy. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on Antiharassment and understand failure to comply is grounds for disciplinary action, up to and including termination.

Acknowledgement of Receipt Antiharassment Policy



I also agree that if at any time during my employment I am involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Date

2/3/2015

Individual's Name

Johnathan

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

Signature of Employer or Authorized Representative: _____ Date (mm/dd/yyyy): _____
 Print Name of Employer or Authorized Representative: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) appear to be genuine and to relate to the individual.

Document Title: _____ Document Number: _____ Expiration Date (if any)(mm/dd/yyyy): _____
 C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

A. New Name (if applicable) Last Name (Given Name) First Name (Family Name) Middle Initial B. Date of Retire (if applicable) (mm/dd/yyyy)
 Section 3. Reverification and Retires (To be completed and signed by employer or authorized representative.)

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code
 7301 OLIMS LANE SUITE 405 EDINA MN 55439
 Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name
 Missel Jennifer EMPLOYER SOLUTIONS STAFFING GROUP LLC
 Signature of Employer or Authorized Representative Date (mm/dd/yyyy) Title of Employer or Authorized Representative
 _____ 02-03-2015 Office Staff

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

Certification

Document Title: Drivers License	Document Number: SA191955-7172	Expiration Date (if any)(mm/dd/yyyy): 12-25-2018
Document Title: Social Security Card	Document Number: 472-3-0200	Expiration Date (if any)(mm/dd/yyyy):
Document Title: State of Minnesota	Document Number: SA191955-7172	Expiration Date (if any)(mm/dd/yyyy):
Document Title: Social Security Card	Document Number: 472-3-0200	Expiration Date (if any)(mm/dd/yyyy):
Document Title: State of Minnesota	Document Number: SA191955-7172	Expiration Date (if any)(mm/dd/yyyy):
Document Title: Drivers License	Document Number: SA191955-7172	Expiration Date (if any)(mm/dd/yyyy): 12-25-2018

Employee Last Name, First Name and Middle Initial from Section 1: Othow, Arict, A
 List A OR List B AND List C
 Identity and Employment Authorization OR List B AND List C
 Employment Authorization

Section 2. Employer or Authorized Representative Review and Verification
 Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

3-D Barcode
 Do Not Write in This Space



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)				
First Name (Given Name)				
Signature of Preparer or Translator				Date (mm/dd/yyyy)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)

Signature of Employee	Date (mm/dd/yyyy)
-----------------------	-------------------

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

Foreign Passport Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____

Do Not Write in This Space

3-D Barcode

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number

(See instructions)

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field.

028129056

- A lawful permanent resident (Alien Registration Number/USCIS Number)
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
12/25/1988		472-370200		320-455-1609			
Address (Street Number and Name)		Apt. Number		City or Town		State	
1235 11th N		307		ST Cloud		MN	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
O'Hara		Mick		M			

Section 1: Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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: Arlet Ohaw SSN# (Last 4 digits): 0200 Effective Date: 2-3-15

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

Bank Name: First River Federal Credit Union

Routing#: 291975672

Account#: 8100623217

Account Type: Checking Savings Other

Update Bank Account

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: _____

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

- 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.

Several 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, BSSG 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, BSSG 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: _____ MI: _____ Last Name: _____

Street Address (do not abbreviate): _____

City: _____ State: _____ Zip: _____ Cell Phone (mobile): _____

My mobile service provider is: _____

Yes, sign me up for text alerts

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 packet, 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 BSSG 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: Arlet Ohaw Date: 2/3/2015

Employee's Authorization - Please complete, sign and return to your employer.

I authorize you and Great River Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking account

(Attach voided check)

Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing with my employer.

Great River Federal Credit Union

1532 West St Germain Street

St Cloud MN 56301

320-252-5393

Name (Please print) Arif Othman

Signature Arif Othman

Date

8-18-14

Transit / Routing / ABA Number
291975672

Account Number
8100623217
0232100

