



# employer solutions staffing group

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 <u>Pamela Perry</u>	SSN# (last 4 digits) <u>2959</u>	Effective Date <u>8/29/16</u>
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### SECTION 2 PAYROLL ELECTION

**Direct Deposit** (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

**Payroll Debit Card** (Please complete Sections 4 and 5 below)

### SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: US Bank

Routing#: 102 0000 21

Account#: 103 68 2907 433

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 PP Date 8/19/16

- 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 transactions. C then sign ackn wages.

CARDHOLDER

First Name

Street Address

City

RECEIPT OF

Payroll Debit 073

I have received I am agreeing t authorize the fi conditions, and disclosures.

PAMELA J PERRY  
7750 HIGHWAY 2 APT 1  
COMMERCE CITY CO 80022-1667

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

[Signature]

DOLLARS Security Features Included! Details on Back.

**usbank** All of us serving you®

MEMO \_\_\_\_\_ MP

⑆ 10 20000 2 1⑆ 10368 2907433⑆ 64

rd account or ions. You will ay you receive

Debit Card. institution. I rms,

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

Employee's Signature: Pamela Perry Date: 8/29/16