



# 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	<i>Phyllis A. Hernandez</i>	SSN# (last 4 digits)	<i>523-29-1640</i>	Effective Date	
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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: *U.S Bank*

Routing# *102000021*

Account# *103682322575*

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 *P.H* Date *2-3-15*

- 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 provide this information, we will not be able to issue you a Payroll Debit Card.

PHYLLIS A HERNANDEZ  
817 S 1ST AVE  
BRIGHTON CO 80601-3005

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

**usbank** All of us serving you®

MEMO \_\_\_\_\_

102000021 103682322575 64

DATE \_\_\_\_\_

Security Features included. Details on Back.

Payroll Debit Card Routing #	Payroll Debit Card Account #
<b>122242597</b>	

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: *Philly164076* @ *Yahoo.com*

this information will only be used to send your paystubs electronically

Employee's Signature: *Phyllis A Hernandez* Date: \_\_\_\_\_