



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>Mackenzie Stewart</u>	SSN# (last 4 digits) <u>4708</u>	Effective Date <u>7/8/2015</u>

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 _____ Date _____</p>
Bank Name: <u>Heartland credit union</u>	
Routing# <u>296075636</u>	
Account# <u>90261603</u>	
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.

<p>Federal request you do Card to verify y Except transact then sig wages.</p> <p>CARD First N</p> <p>Street</p> <p>City</p>	<p>Mackenzie Stewart 6321 Barclay Ave Inver Grove Heights MN 55077</p>	Date _____	1500 022-7563/2960	<p>unt. In order to identify you. If a Payroll Debit tion so they can</p> <p>ard account or tions. You will day you receive</p>
	<p>HEARTLAND CREDIT UNION Inver Grove Heights MN 55077</p>	<p>your financial solution</p>	<p>\$ _____</p> <p>Dollars</p>	
	MEMO _____			
	<p>0296075636 90261603 1500</p>			

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your card)	LIBERTY
Payroll Debit Card Routing # <u>073972181</u>	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: Mae 6321 @ Comcast.net
 this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: 7/8/2015