



employer solutions staffing group^{llc}

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>Tiffany Watson</u>	SSN# (last 4 digits)	Effective Date: <u>1-13-16</u>
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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

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Update Bank Account

Bank Name: Bank Metropolitan Commercial

Routing#: 02601428

Account#: 164101406191

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 _____ 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 (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 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)

GET TEXT ALERTS, when your paycheck is deposited on your card! Yes, sign me up, for text alerts
 All we need to know your cell phone service provider and mobile number above! My mobile service provider is: _____

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 #
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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: Tiffany Watson Date: 1/14/16

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: baby-girl02-2006@yahoo.com
this information will only be used to send your paystubs electronically

Employee's Signature: Tiffany Watson Date: 1/14/16



Direct Deposit Authorization

This letter is to inform the inquiring party that TIFFANY WATSON is a registered CashPass Debit Card cardholder. TIFFANY WATSON has agreed to all terms & conditions of the Card product and its issuing bank. By agreeing to these terms & conditions TIFFANY WATSON is eligible to receive direct deposit to their CashPass Debit Card account. All direct deposits should be sent to the following bank routing and account number:

Account Type: Checking
 Bank Routing Number: 026014928
 Bank Account Number: 164101406191

Processing Bank: Metropolitan Commercial Bank
 99 Park Ave, 4th Fl
 New York, NY 10016

This card is issued by Metropolitan Commercial Bank, member FDIC, pursuant to a license from Visa, USA, Inc. "Metropolitan Commercial Bank" and "Metropolitan" are registered trademarks of Metropolitan Commercial Bank. © 2014



All questions should be directed to CashPass Network at 181 River Ridge Circle South, Burnsville, Minnesota 55337 or by calling 1-877-766-3551

----- cut here -----

Direct Deposit Form

I TIFFANY WATSON authorize you to Direct Deposit my funds to the card account information provided herein.

Account Holder Name/Address Tiffany Watson 295 14th Ave Se Apt 202 St Cloud MN 56304	Processing Bank: Metropolitan Commercial Bank 99 Park Ave, 4th Fl New York, NY 10016	Account Type: Bank Routing Number: Bank Account Number:	Checking 026014928 164101406191
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SIGNATURE: _____

DATE: _____