

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/13/2015  
Page: 1 of 1

Case Verification Number: 2015013150045CZ

**Case Information:****Employee Information:**

Last Name:	Castro	First Name:	Yolanda
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3829	Date of Birth:	02/20/1964
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	02/20/2016
Alicn Number:		I-94 Number:	

**Additional Information:**

Hire Date:	01/13/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	SSER1299	Submitted On:	01/13/2015

**Initial Case Result:**

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: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

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

Case Result: Response Date:

**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:

SSER1299

Closed On:

01/13/2015

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**SENSITIVE BUT UNCLASSIFIED**

**MINNESOTA**  
SENIOR'S LICENSE

*Yolanda Castro*

YOLANDA CASTRO  
2800 3RD ST N  
ST CLOUD, MN 56303

Date of Birth 02-28-1929  
Sex F Eyes BRN Hair D  
Height 5-9 Weight 230  
ISSUED 09-2012 EXPIRES 07-20-2016

*Yolanda Castro*

C233059779808

**SOCIAL SECURITY**

VALID FOR WORK ONLY  
WITH INS AUTHORIZATION

THIS NUMBER HAS BEEN ESTABLISHED FOR  
YOLANDA GARCIA CASTRO

*Yolanda Castro*

SIGNATURE



# employer solutions staffing group<sub>inc</sub>

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 <b>Yolanda Castro</b>	SSN# (last 4 digits) <b>545-11-3829</b>	Effective Date <b>1/25/15</b>
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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 **5280700138**

Bank Name: **Wells Fargo**

Routing#: **091000019**

Account#: **5280700138**

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 **YC** Date **1/13/15**

- 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 CASE CARD)

Federal law requires all financial institutions to provide you with a voided check to identify you. If you a Payroll Debit Card account or conditions. You will payday you receive

**YOLANDA CASTRO**  
2500 3RD ST N  
SAINT CLOUD, MN 56303-4320  
PH 320-492-2372

2584  
17-1/810 978  
6280700138

Pay to the Order of: **VOID**

Wells Fargo Bank, N.A.  
Minnesota  
wellsfargo.com

Security Features:

GET All we For **091000019 5280700138 02584**

RECI (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # <b>073972181</b>	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: **Yolanda Castro** Date: **1/13/15**

### 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: **Yolanda.castrog@hoo.com**  
this information will only be used to send your paystubs electronically

Employee's Signature: **Yolanda Castro** Date: **1/13/15**