



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>Arielle Arafcan</u>	SSN# (last 4 digits)	<u>7008</u>
			Effective Date <u>12-10-14</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			
ACCOUNT	<input type="checkbox"/> Update Bank Account		
	Bank Name:	<u>St. Cloud Federal Credit Union</u>	
	Routing#	<u>291975456</u>	
	Account#	<u>01001353404</u>	
	Account Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
			<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 <u>ALP</u> Date <u>12-10-14</u></p>
<ul style="list-style-type: none"> 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)			
<p>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.</p> <p>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.</p>			
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! All we need to know your cell phone service provider and mobile number above!			<input type="checkbox"/> Yes, sign me up, for text alerts 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 #	Payroll Debit Card Account #		
<u>073972181</u>	_____		
<p>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.</p> <p>Employee's Signature: _____ Date: _____</p>			
SECTION 5 AUTHORIZATION			
<p>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.</p> <p>*E-mail: <u>Arielle Lavala</u> @ <u>gmail.com</u> this information will only be used to send your paystubs electronically</p> <p>Employee's Signature: <u>Arielle Lavala</u> Date: <u>12-10-14</u></p>			

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2919

2141

ARIELLE PLAFCAN
SHANE HALVERSON
464 13TH AVENUE SOUTH
SAUK RAPIDS, MN 56379

DATE _____

PAY TO THE
ORDER OF _____

\$ _____

_____ DOLLARS



Security
Features
Details on
Back

VOID

Credit Union Member and Owner



St. Cloud Federal
CREDIT UNION
St. Cloud & Sartell, MN
(320) 252-2634
Mailing Address: P.O. Box 7398, St. Cloud, MN 56302

MEMO _____

⑆ 291975656⑆ 01001353606⑆ 02141

MP