



# 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 <b>ROLANDO BARRAS</b>	SSN# (last 4 digits) <b>5386</b>	Effective Date <b>8/14/15</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

Bank Name: **WELLS FARGO**

Routing#: **091000019**

Account#: **8104278992**

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 **R. B.** Date **08.14.15**

- 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 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)

#### RECEIPT OF PAYROLL DEBIT CARD (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: \_\_\_\_\_

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: \_\_\_\_\_ @ \_\_\_\_\_  
this information will only be used to send your paystubs electronically

Employee's Signature:

Date: **08-19-15**



Date

\$

Dollars

Pay to the  
Order of



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



For

⑆091000019⑆ 8104278992⑈ 00100

# ENROLLMENT FORM

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK**

(Must Be Filled Out)

Social Security Number 613 42 3222

Date of Birth 12 / 10 / 1991 Sex  M  F

Name ROLANDO BAYES

Street Address 1134 MARION ST

City SAN PUE State MD Zip 20712

Home Phone 479 - 886-5386

Do you or any dependents have Medicare?

Yes  No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of Covered Person(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## REQUIRED DEPENDENT INFORMATION

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

## BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Death & Dismemberment is part of the Term Life Benefit.

## OPTION 1

### FIXED INDEMNITY PLAN

Weekly Rates

### SELECT COVERAGE LEVEL

You MUST select a coverage level before adding any benefits. Your coverage level will be identical for each benefit.

- Employee Only  Employee + Family
- Employee + 1  NO to all indemnity benefits.

### FIXED INDEMNITY MEDICAL

- YES \$20.91 Employee Only
- YES \$42.44 Employee + 1
- NO \$56.67 Employee + Family

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

### DENTAL

- YES \$ 6.17 Employee Only
- YES \$12.34 Employee + 1
- NO \$20.36 Employee + Family

### TERM LIFE

- YES \$0.60 Employee Only
- YES \$0.90 Employee + 1
- NO \$1.80 Employee + Family

### SHORT-TERM DISABILITY

- YES
- NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

## OPTION 2

82193010-M-EMP

### MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

- \$58.87 Employee Only
- \$87.73 Employee + 1
- \$186.99 Employee+ Family
- NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature [Signature]

Date 08/14/25