



## DIRECT DEPOSIT/ PAY CARD ENROLLMENT FORM

- I wish to receive my pay on Global Cash Card or the Direct Deposit program **EMPLOYMENT SOLUTIONS** offers.
- I understand that my paycheck will be deposited into checking, savings, or pay card that I designate.
- I understand that it is my responsibility to advise **EMPLOYMENT SOLUTIONS** immediately if any of the information provided changes.
- I hereby authorize **EMPLOYMENT SOLUTIONS** and the financial institution listed to deposit/ cancel based on my selection below.
- This authorization is to remain full force and until **EMPLOYMENT SOLUTIONS** Payroll Department has received written notification from me of it's termination in such manner as to afford **EMPLOYMENT SOLUTIONS** and the depository a reasonable opportunity to act on it.
- **EMPLOYMENT SOLUTIONS** has the right to cancel this Direct Deposit and issue a paper check after your employment has been ended voluntarily or involuntarily.

X \_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_ **Date**

Please complete *Sections A, B & C.*

**This form cannot be processed without a copy of a voided check/ deposit slip for Direct Deposit. It can take up to 2 pay weeks before it goes into effect.**

Section A (To be completed by employee for both **OPTIONS #1 and #2**)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Section B (Employee to select from **OPTION #1 or OPTION #2**)

**OPTION #1**- Direct Deposit Instructions → Please check box:

NEW	CHANGE	CANCEL
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Please circle **Account Type** and **assign an amount** for each account. NOTE: % must total 100%

Account Type & Amount	Bank ABA Routing #	Your Account #	Name of Banking Facility
Checking or Savings \$ _____ or % _____			
Checking or Savings \$ _____ or % _____			
<b>Deposit remaining into this account:</b> Checking or Savings % _____			

**OPTION #2**- Global Cash Card → Please check box:

NEW	REPLACE	CANCEL
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Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Routing # 073972181

Section C (Employee to select an option for **Pay Stub** viewing)

E-Mail my **Pay Stub** to this E-Mail address: \_\_\_\_\_

I will access **www. employmentsolutions-ny.com** Employee Portal