



**EMPLOYMENT SOLUTIONS**

**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 a 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 its termination in such time and 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

Complete Sections A, B, and C. Attach a copy of a voided check/deposit slip for Direct Deposit

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

Social Security Number: - -

Name: \_\_\_\_\_  
Please Print

Primary Phone Number: ( ) -

SECTION B (Employee to select from Option #1 or Option #2)



**Option #1 - Direct Deposit Instructions**

NEW  
 CHANGE  
 CANCEL

Account Type & Percentage (%)	Your Account #	Bank ABA Routing #	Name of Banking Facility
Checking or Savings %			
Checking or Savings %			
Checking or Savings %			

Please circle Account Type and assign % for each account Note % must total 100%



**Option #2 - Global Cash Card**

<input type="checkbox"/> NEW	Date of Birth: / /
<input type="checkbox"/> REPLACEMENT	Address:
<input type="checkbox"/> CANCEL	City/State/Zip:

Routing # 122242597

SECTION C Mail Options (Employee to select an option for Pay Stub viewing)

- E-Mail my Pay Stub to E-Mail Address: \_\_\_\_\_
- I will access www.employmentsolutions-ny.com Employee Portal

SECTION D (To be completed by Employment Solutions Payroll Department)

- Date Received \_\_\_\_\_ Received By \_\_\_\_\_
- Account # Issued \_\_\_\_\_
- Date Effective \_\_\_\_\_ Switched By \_\_\_\_\_
- Notes: \_\_\_\_\_