# Direct Deposit Enrollment Form

**Employee Solutions Group**
**PO Box 4953 • Naperville, IL 60567 • (877) 668-8522**
**(877) 668-8522**

Please Read First

1. Complete Section 1 - Participant Information.
2. Attach a voided check (or a photocopy). We CANNOT accept deposit slips; they do not always show the information required.
3. If you do not have a voided check, complete Section 2.
4. **Sign and fax the form along with a copy of the voided check to ESG at 866-668-1592**.

## 1. Participant Information

I am (check one): ☐ Beginning ☐ Canceling ☐ Changing a Direct Deposit account.

Employee Name (First MI Last)

Employer Name

Employee ID

Daytime Phone

Social Security Number - - 

Email address (if provided, account notifications will be sent via email)

## 2. Financial Institution Information

Account Number*

Transit/ABA Number*

Financial Institution Name

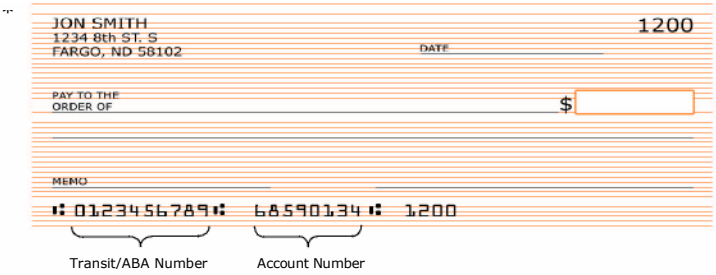
Financial Institution Address

City

State

Zip

Account Type: ☐ Checking ☐ Savings




## 3. Employee Authorization

Individual/Employee Signature

Date