Direct Deposit Enrollment Form

Employee Solutions Group
60 E. Rio Salado Pkwy.• Ste 900 • Tempe, AZ 85281
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

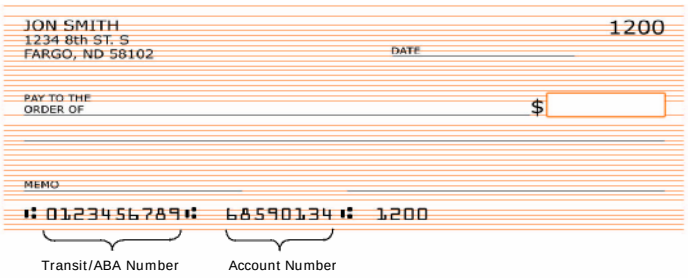
Financial Institution Address

City

State

Zip

Account Type: ☐ Checking ☐ Savings



3. Employee Authorization

Individual/Employee Signature

Date