



EMPLOYERS OUTSOURCING INC.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

Company: EMPLOYMENT SOLUTIONS, INC.

I authorize my employer to deposit my wages/salary into the bank account's specified below. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority to authorize my employer to make direct deposits into the named account. This form along with proper documentation MUST be complete in order to process.

Be aware that your direct deposit can take up to 4 weeks to activate after the date of receipt.

Banking Information

* Print Employee Name: Richard Chagolla

* Last 4 digits of Employee's Social Security Number: 4520

* Account Number: 1800002624747

* Routing Number: 322281235

* Circle one: Checking Account Savings Account

* Circle one or enter amount: Full Amount Percentage 100 % Flat Amount \$ _____

One of the following is required to process this enrollment (check one):

A Voided check with name imprinted (no starter checks)

B Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

C Bank letter or specification sheet (the signature of your local bank representative MUST be included) - *Direct Deposit Form*

Effective Payroll Date: _____

* Employee Signature: Richard Chagolla

Authorized Signature: _____

Date: _____

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.



Date: 07/22/2022

To: Company Originating Electronic (ACH) Debits/Credits

From: Altura Credit Union

Re: Information Required to Process Electronic (ACH) Transactions

The Altura Credit Union can process debits or credits for

Member's Name: **RICHARD LEON CHAGOLLA**

The Routing and Transit Number to use is: **322281235**

Checking Savings

The Account Number to use is: **1800002624747**

(13-digit MICR account number located on share ID)

Date: _____

Member Signature: _____

RICHARD LEON CHAGOLLA
338 Olive Ave, Beaumont, CA 92223-2654

Date: 07/22/2022

Pay to the order of: _____

dollars.



322281235

1800002624747

Signature _____

If you have any questions regarding the process of an Electronic payment or deposit,
please call Altura Credit Union Payroll / ACH Coordinator at (888) 883-7228.



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Banking information:

Print Employee Name: Andrew Cordero

Last 4 digits of Employee's Social Security Number: 7330

Account Number: 642774

Routing Number: 324172465

Circle one: Checking Account Savings Account

Circle one or enter amount: Full Amount Percentage % Flat Amount \$

One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)
DIRECT DEPOSIT FORM

Effective Payroll Date: _____

Employee Signature: AC

Authorized Signature: _____

Date: 7/29/22

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

Jun 30, 2022

Andrew A Cordero Estrada
7550 Desert Holly St #911
Chino Hills, CA 91705

Dear Andrew,

Thank you for using TruGrocer Federal Credit Union!

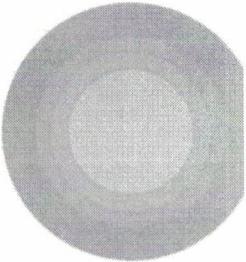
To set up Payroll Direct Deposit through ACH your employer will need the following information:

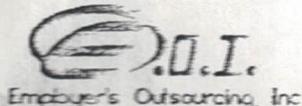
TruGrocer Federal Credit Union Routing Number: **324172465**
To Deposit to Savings (Your Member Number): 8800642770
To Deposit to Checking (Your Checking Account Number): 642774

If you haven't already signed up for CU OnLine, enrollment is easy! Just visit www.trugrocer.com. **First time users** sign up by clicking the **information button** for CU OnLine ①. You will need your member number and your Electronic Teller PIN number. You then select a Username and Password as we confirm your identity and authenticate your account access. Your Username and Password will also give you access to your account using the TruGrocer Mobile App, which can be downloaded from Google Play or the Apple App Store.

Please let us know if you have any questions,

Your Membership Services Team





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Banking information:

Print Employee Name: Araceli Aguirre de Carranza

Last 4 digits of Employee's Social Security Number: 6975

Account Number: 749 8530901

Routing Number: 121042882

Circle one: Checking Account Savings Account

Circle one or enter amount: Full Amount Percentage 100 % Flat Amount \$ _____

One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)
DIRECT DEPOSIT FORM

Effective Payroll Date: _____

Employee Signature: Araceli Carranza

Authorized Signature: _____

Date: _____

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

Direct Deposit / Automatic Payment

Information Form

The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

- Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.
- Fast - You have immediate access to your money on the day of deposit.
- Safe - Never worry about checks getting lost, delayed or stolen.
- Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.
- Automatic Payment** You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Customer Name:	Routing Number (RTN):	Account Number:	Account Type:
ARACELI AGUILAR DE CARRANZA	121042882	7498530901	CHECKING

Step 2. Contact Your Employer or Payor

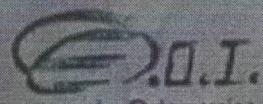
Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)





Employee's Outsourcing Inc

EMPLOYERS OUTSOURCING INC.

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Banking information:

- Print Employee Name: Angel Gomez
 Last 4 digits of Employee's Social Security Number: 4875 9749074069
 Account Number: 74
 Routing Number: 121042882
 Circle one: Checking Account Savings Account
 Circle one or enter amount: Full Amount Percentage _____ % Flat Amount \$ _____

- One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH.R/T" appears before the routing number)

DIRECT DEPOSIT FORM

Effective Payroll Date:

Employee Signature:

Authorized Signature:

2011

**REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR
PRINTED NAME ON IT HERE.**

PRINTED NAME ON IT HERE.
IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A
COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

Direct Deposit / Automatic Payment Information Form

The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment** You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Routing Number (RTN):

Account Number:

Account Type:

| 121042882 | 9749074069 | CHECKING

Step 2. Contact Your Employer or Payor

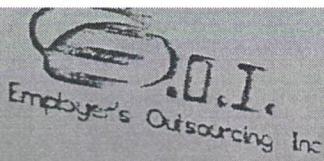
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Banking information:

- Print Employee Name: Derrick Bailey
- Last 4 digits of Employee's Social Security Number: 7416
- Account Number: 14302837
- Routing Number: 122201198
- Circle one: Checking Account Savings Account
- Circle one or enter amount: Full Amount Percentage _____ % Flat Amount \$ _____

One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)
DIRECT DEPOSIT FORM

Effective Payroll Date:

Employee Signature: Derrick Bailey

Authorized Signature:

Date:

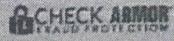
REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.
IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

DERRICK BAILEY
11975 SUGAR CREEK CT
MORENO VALLEY CA 92557

1514

90-119/T222

Date _____



Pay to the
Order of _____

VOI D

\$ _____

Dollars _____



Photo
Safe
Deposit®
Details on back

F M Farmers & Merchants Bank®

California's Strongest, since 1907.

Fullerton Office

fmb.com (855) 416-5747

For _____

A handwritten signature of "Derrick Bailey" over a signature line.

NP

101222011980:1514 14 30283 711

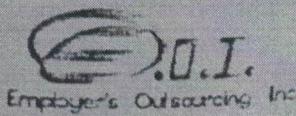
✓ Employee signature: _____

Authorized Signature: _____

Date: _____

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Banking information:

Print Employee Name: Vincent Montenegro

Last 4 digits of Employee's Social Security Number: 3604

Account Number: 1304863533910

Routing Number: 041215663

Circle one: Checking Account Savings Account

Circle one or enter amount: Full Amount Percentage % Flat Amount \$

One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)

DIRECT DEPOSIT FORM

Effective Payroll Date:

Employee Signature: Vincent

Authorized Signature:

Date: 7/14/22

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

Direct Deposit Form



Vincent Monterroso

CUSTOMER NAME

PAY TO THE ORDER OF	XXXXXXXXXXXXXXXXXXXX	\$ []	001
ROUTING NUMBER	XXXXXXXXXXXXXXXXXXXX	DOLLARS	[]
041215663	1304863533910		
ACCOUNT NUMBER			

Banking services provided by Sutton Bank, Member FDIC.

AUTHORIZATION

I, Vincent Monterroso _____, authorize ORCO BLOCK _____

to directly deposit my wages (less lawful withholdings and deductions), or earnings, as applicable, to my Cash App account, including my final pay upon termination of my employment or engagement.

This authorization replaces any previous direct deposit authorization and shall remain in effect until my employer receives written notification from me of its termination. The information for my Cash App account is provided above.

I wish to deposit

% \$

Entire paycheck



Employer's Outsourcing Inc.

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Banking Information:

Print Employee Name: Anthony TORRES

Last 4 digits of Employee's Social Security Number: 5027

Account Number: 169155572327

Routing Number: 031101279

Circle one: Checking Account Savings Account

Circle one or enter amount: Full Amount Percentage _____ % Flat Amount \$ _____

One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)
DIRECT DEPOSIT FORM

Effective Payroll Date: _____

Employee Signature [Signature]

Authorized Signature: _____

Date: 07/20/2022

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

Direct Deposit Enrollment Form

Account Information

Name: Anthony Torres
Bank Name: The Bancorp Bank
Address: 6100 S Old Village Pl, Sioux Falls, SD 57108
Routing Number: 031101279
Account Number: 169155572327

Amount

- Deposit my entire paycheck. Deposit \$ _____ of my paycheck. Deposit _____ % of my paycheck.

Voided Check



The image of this voided check may be provided to your employer or other payer for no other purpose except to set up direct deposit to your Chime Account.

Authorization

I authorize my employer/payer to initiate credit entries, and, if necessary to initiate any debit entries to correct previous credit errors, to my Chime Checking Account. This authority will remain in effect until I notify my employer or other payer in writing or as otherwise specified by my employer or payer.

Anthony Tonnes

Signature

2022-07-25

Date

Banking Services provided by The Bancorp Bank, Member FDIC. The Chime Visa® Debit Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. and may be used everywhere Visa debit cards are accepted. Direct deposit capability is subject to payer's support of this feature. Check with your payer to find out when the direct deposit of funds will start. Funds availability is subject to timing of payer's funding. The recipient's name on any deposits received must match the name of the Chime Member. Any deposits received in a name other than the name registered to the Chime Checking Account will be returned to the originator.