



# EMPLOYERS OUTSOURCING INC.

## AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

Company: EMPLOYMENT SOLUTIONS, INC.

I authorize my employer to deposit my wages/salary into the bank accounts 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 account holder 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.

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

### Banking Information:

\* Print Employee Name: Magna Alvarez Rengifo

\* Last 4 digits of Employee's Social Security Number: 9658

\* Account Number: 6912970966

\* Routing Number: 122000247

\* Circle one:

Checking Account

Savings Account

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

7 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: Magna Alvarez Rengifo

Authorized Signature: \_\_\_\_\_

Date: 07-29-2022

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.

JUAN C MARTINEZ GARCIA  
MAGNA ALVAREZ RENGIFO  
8894 CYPRESS AVE APT 5  
RIVERSIDE, CA 92503-9213

101

16-24/1220 4450

Date

Pay to the  
Order of

\$

Dollars



Photo  
Safe  
Deposit®  
Details on back



Wells Fargo Bank, N.A.  
California  
wellsfargo.com



For

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