

CAREER CONCEPTS

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

This document must be completed and signed by employees requesting automatic deposit of paychecks through Career Concepts. Employees must attach a Voided Check for each account – not a deposit slip.

ACCOUNT INFORMATION

Account Number: _____

Account Type: (Circle One) Checking Savings Pre-Paid Card

Bank Routing Number (ABA Number): _____

Dollar amount to be deposited in this account \$ _____ or Entire Net Amount

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AUTHORIZATION

This authorizes Career Concepts to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) listed above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ SS#: _____

Print Name: _____ Date: _____

e-mail address: _____ (required to receive pay stubs)