



Career Connections, Inc.

35 Elliott Street
Athens, OH 45701
(office) 740-594-4941
(fax) 740-592-6289

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Career Connections** to initiate automatic deposits to my account at the financial institution named below. I also authorize Career Connections to make withdrawals from this account in the event that a credit entry is made in error. I understand that I will receive my pay stub via e-mail and it will be sent to the primary e-mail address I have provided Career Connections.

Further, I agree not to hold Career Connections responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Career Connections receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the office.