

Conn's Hospitality Group, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Conn's Hospitality Group, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Conn's Hospitality Group, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree to not hold Conn's Hospitality Group, Inc. or any of its agents responsible for a delay or loss in 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 Conn's Hospitality Group, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Employee Name (Printed): _____

Name of Financial Institution: _____

Type of account: ___ Checking ___ Savings

Routing Number: _____
(the first nine (9) digits at the bottom of a check is usually the bank routing number)

Account Number: _____

Signature

Signature (Primary) _____ Date: _____

Signature (Joint) _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.