

City & County of Honolulu
Department of Budget and Fiscal Services
Authorization for Direct Deposit of Net Salary or Wages

Employee: _____ Employee SSN: _____
(Last) (First) (M.I.)
Dept/Division: _____ Business Phone: _____

I hereby authorize and direct the Director of Budget and Fiscal Services of the City and County of Honolulu, to deposit my net salary or wages to my specified account at the financial institution designated below and to continue deposits until cancelled by me in writing.

Name and Address of Financial Institution:	Branch:	Account Number:
Hawaii Law Enforcement Federal Credit Union 1537 Young Street, 3rd Floor Honolulu, Hawaii 96826		

Deposit to (Check One): Checking Savings

Indicate: This is a new direct deposit authorization with the City
 This authorization changes an existing direct deposit with the City

NOTES: 1. Attach copy of "VOIDED" deposit slip if available (to verify account number)
2. Employee MUST individual or jointly own the direct deposit account and employee's name MUST appear as (co-)owner on the account.

_____ Date

_____ Signature of Employee

F-3010

Member Copy

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