

EMPLOYEE & ACCOUNT HOLDER AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

HUMAN RESOURCES ADMINISTRATION OF HAWAII

I (we) hereby authorize Human Resources Administration of Hawaii, hereinafter called COMPANY, to initiate debit or credit entries (and/or corrections to previous debits or credits) to my (our) () **Checking** () **Savings** account (*select one*) at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____

SIGNATURE: _____

DATE: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE STAPLE VOID CHECK OR SAVINGS DEPOSIT SLIP
MAKE SURE ALL ACCOUNT HOLDERS HAVE SIGNED THIS AUTHORIZATION**

AUTHORIZATION TO RECEIVE PAY STUBS ELECTRONICALLY

I, _____ (EMPLOYEE) agree and understand that in lieu of receiving a printed pay stub for each pay period, Human Resources Administration of Hawaii (HRAH) will provide me with online electronic access to my pay stub.

Once EMPLOYEE is enrolled to receive their first pay check via direct deposit, HRAH will email log-in information to the EMPLOYEE via the email address listed below.

EMPLOYEE NAME: _____

DATE: _____

SIGNATURE: _____

EMAIL ADDRESS: _____