

## **AUTHORIZATION FOR DIRECT DEPOSIT**

DIRECT DEPOSIT INFORMATION FORM (Please print or type)	
Check one: <input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE
<input type="checkbox"/> CANCEL	
EMPLOYEE NAME:	
PROGRAM:	
FINANCIAL INSTITUTION INFORMATION	
NAME OF FINANCIAL INSTITUTION	*
BRANCH	
ADDRESS	
CITY, STATE ZIP	
ACCOUNT TYPE: <input type="checkbox"/> CHECKING (Share Draft) :	<input type="checkbox"/> SAVINGS
ACCOUNT NUMBER:	**
ROUTING NUMBER:	
AMOUNT:	
EFFECTIVE DATE:	

I authorize Hawaii Residency Programs, Inc. to make direct deposits to the financial institution listed above and if necessary, make adjusting entries to correct error in deposits to my account. I understand that either Hawaii Residency Programs, Inc. or I can terminate this arrangement with **advance written notice** if received in sufficient time and in a manner to allow a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*COMPLETE ONE FORM FOR EACH FINANCIAL INSTITUTION**

**\*\*PLEASE ATTACH A DEPOSIT SLIP OR VOID CHECK**