



Hawaii Residency Programs, inc.

Kaiser Foundation Hospital • The Queen's Medical Center
Kuakini Medical Center • Hawaii Medical Center East • Straub Clinic & Hospital
Kapi'olani Medical Center for Women and Children • Wahiawa General Hospital
Department of Health • Department of Veterans Affairs
University of Hawaii, John A. Burns School of Medicine

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	
FINANCIAL INSTITUTION*	
BRANCH	
ACCOUNT TYPE	<input type="checkbox"/> CHECKING (Share Draft) <input type="checkbox"/> SAVINGS
ACCOUNT NUMBER**	
ROUTING NUMBER	
AMOUNT	<input type="checkbox"/> FULL NET PAY <input type="checkbox"/> SPECIFY \$
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 VOIDED CHECK**