



DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out this form and give it to your employer.

Company/Employer Name

I authorize the above named Company/Employer to initiate credit entries to the account(s) indicated below, and to credit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

ACCOUNT INFORMATION

Primary Direct Deposit Account

Bank Name	Transit/Routing Number	Account Type	Account Number	Net/Partial	Amount (\$)
Hawaii State Federal Credit Union	321379041	<input type="checkbox"/> Checking / <input type="checkbox"/> Savings	Act #	<input type="checkbox"/> Net / <input type="checkbox"/> Partial	\$
		<input type="checkbox"/> Checking / <input type="checkbox"/> Savings	Act #	<input type="checkbox"/> Net / <input type="checkbox"/> Partial	\$

If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authorization is to remain in full force and effect until the Company/Employer has received written notification from me of its termination in such time and in such manner as to afford Company/Employer and Hawaii State Federal Credit Union a reasonable opportunity to act on it.

ACH direct deposit should take effect:

Next payroll On (Month/Day/Year) _____

CONTACT INFORMATION

Work Phone Number _____ Home Phone Number _____

Employee Name	Employee ID
Signature	Date

Hawaii State FCU Authorized Signature

Hawaii State Federal Credit Union
 PO Box 3072, Honolulu, Hawaii 96802-3072
 Oahu: (808)587-2700 | Toll Free: 1(888)586-1056
 Monday through Friday - 7:30am to 7:00pm | Saturday - 9:00am to 5:00pm