

Use this form to deposit your net salary or wages to your account.

BFS-A-43 (Rev. 10/99)

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF BUDGET AND FISCAL SERVICES

AUTHORIZATION for DIRECT DEPOSIT of NET SALARY or WAGES

(Print in Ink or Type)

Employee: _____ <small>(Last) (First) (M.I.)</small>	Employee Soc. Sec. No. _____
Department/Division: _____	Bus. Phone No./Ext. _____

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

Name and Address of Financial Institution	Branch	Account Number
	Deposit to (Check one): <input type="checkbox"/> Checking <input type="checkbox"/> 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 individually or jointly own the direct deposit account and employee's name MUST appear on the account.

Date

Signature of Employee