

**BOARD OF WATER SUPPLY
CITY AND COUNTY OF HONOLULU**

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Please Note: As of 12/1/2021: Direct Deposit is MANDATORY for all new employees.

New Account

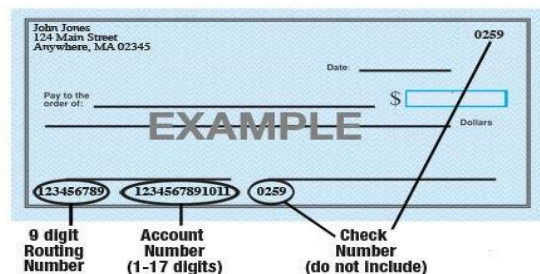
Changes

Cancel

Name:

Address:

City, State, Zip:



Name of Bank:

Type of Account:

Checking

Savings

9-Digit Routing #:

Account #:

Amount:

Entire Paycheck

\$ _____

Name of Bank:

Type of Account:

Checking

Savings

9-Digit Routing #:

Account #:

Amount:

Entire Paycheck

\$ _____

Name of Bank:

Type of Account:

Checking

Savings

9-Digit Routing #:

Account #:

Amount:

Entire Paycheck

\$ _____

Please attach a voided check for each bank account to which funds should be deposited.

Employee MUST individually or jointly own the direct deposit account and employee's name MUST appear on the account.

Board of Water Supply is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____