



# Hawaiian Tel Federal Credit Union

**ACH ROUTING & TRANSIT #321379070**

# AUTHORIZATION FOR DIRECT DEPOSIT

Member Name		Social Security Number	Account Number	Business Phone Number
Employer Name	Payroll Number	<input type="checkbox"/> Start <input type="checkbox"/> Change           _____ Bi-Weekly   _____ Monthly _____ Weekly   _____ Semi-Monthly		

Please check ONE:    Checking    Savings

<i>Current Amt. \$</i>	<i>New Amt. \$</i>
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I hereby authorize you to deduct the following from my pay until further notice from me. I understand that upon completion of my loan, my payroll deduction will continue until further notice.

**Effective Date:** \_\_\_\_\_

2.5M 7/17

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

Please complete only if you would like the Credit Union to perform additional distributions or if you are changing existing distributions.

Account#/Sub Acct. \_\_\_\_\_ Amount \_\_\_\_\_ Account#/Sub Acct. \_\_\_\_\_ Amount \_\_\_\_\_

Account#/Sub Acct. \_\_\_\_\_ Amount \_\_\_\_\_ Account#/Sub Acct. \_\_\_\_\_ Amount \_\_\_\_\_

Account#/Sub Acct. \_\_\_\_\_ Amount \_\_\_\_\_ **IBEW PAC** \_\_\_\_\_ Amount \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Source:
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