

Instructions for Direct Deposit of Payroll to Your Bank Account  
 (ALL signatures (including the Bank's Agent) **MUST** be in **DARK BLUE INK**)

**Personal Information**  
 Social Security No. (without dashes) and  
 Name (as on PNF or paycheck)

**Plan**  
 (Bank Information)  
 C = Checking Acct  
 S = Savings Acct

**ID. No.**  
 (Bank Information)  
**Bank Acct No.**  
 (max 8 digits on pdf  
 form)  
 (if more than 8,  
 type in)

**Salary Assignment Selection**  
 Check box for "Assigns" and "Net Wages"

STATE OF HAWAII		SALARY ASSIGNMENT/CANCELLATION	
DEPARTMENT <b>University of Hawaii</b>	SUB-DIVISION OR SCHOOL <b>West Oahu</b>	FORM NO.	SOCIAL SECURITY NO.
TYPE <b>BA</b>	AGENT	PLAN <b>C</b>	ID NO.
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> <b>ASSIGNS</b> OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> <b>CANCELS</b>		FOR AGENCY USE	
<input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____ % <input checked="" type="checkbox"/> MY NET WAGES	EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES _____ MONTH DAY YEAR WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO _____ MONTH DAY YEAR WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION	DEDUCTION	AMOUNT
I CERTIFY THAT I WILL abide by the REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION Sign/Date in <b>BLUE INK</b>		DUES	
TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE <b>Your Bank: Sign/Date in BLUE INK</b>		LIFE INS.	
DATE	EMPLOYEE OR AUTHORIZED SIGNATURE	INC. PROT.	
DATE	AUTHORIZED SIGNATURE OF ASSIGNEE	CR. UNION	
STATE COMPTROLLER (CENTRAL PAYROLL)		TOTAL	
		STATE ACCOUNTING FORM D-60 JANUARY 1, 2000 (REVISED)	