



The Institute for Family Enrichment

615 Piikoi Street, Suite 105 • Honolulu, Hawaii 96814

Telephone (808) 596-8433 • Fax (808) 591-1017

AUTHORIZATION FOR DIRECT DEPOSIT ENTRY FORM

I authorize the above Company and Financial Institution to make direct deposits and, if necessary, make adjusting entries to correct errors in deposits to my account(s) indicated below. I understand that either the Company or I can terminate this agreement with advanced written notice if received in sufficient time and in a manner to allow a reasonable opportunity to act on it.

Employee Name: _____

SSN: _____

ALL AUTHORIZATION TO START, STOP, CHANGE, OR DELETE DIRECT DEPOSIT MUST USE THIS FORM

	Account Type (Please check one)		Please Indicate: Start, Change, Stop, or Delete direct deposit	Financial Institution	Routing/Transit Number	Account Number	Amount of Deposit	
	Saving	Checking					ALL/ NET	PARTIAL: ENTER AMOUNT
1								
2								
3								
4								

* Please attach copy of voided check.

* Processing may take two payroll cycles since it involves payroll procedures and actual test-run through the financial institutions.

Signature: _____ Date: _____