

**COUNTY OF HAWAII
AUTHORIZATION/CANCELLATION OF PAYROLL DEDUCTION**

Employee: Last Name, First Name, Middle Initial

Employee #

Department/Division

The undersigned hereby Assigns Cancels Changes

(CHECK ONE OF THE ABOVE)

a deduction from my salary or wages, commencing with the pay period ending on _____
_____, 20_____, as follow:

Amount: \$ _____ Semi-Monthly Monthly

Assignee: Hawaii Law Enforcement Federal Credit Union
 1537 Young Street, 3rd Floor
 Honolulu, Hawaii 96826

This assignment modification shall supersede any other assignment previously made to this institution and shall remain in effect until revoked or otherwise amended in writing.

Date

Employee Signature

Member Copy

F-3058

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