

COUNTY OF KAUAI
4444 Rice Street, Suite 280
Lihue, Hawaii 96766
ELECTRONIC FUND TRANSFER ASSIGNMENT/CANCELLATION

Department:		Division:	
Last Name, First Name, Middle Initial		Employee Number	Social Security Number
THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE COUNTY OR <input type="checkbox"/> CANCELS (CHECK ONE BOX ONLY, IF "ASSIGNS")			
<input type="checkbox"/> \$ _____ PER PAY PERIOD <input type="checkbox"/> MY ENTIRE NET WAGES		FINANCIAL INSTITUTION	
		BRANCH	
EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES:		ACCOUNT NUMBER	
_____ (MONTH/DAY/YEAR)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		Bank Number	Transit Number
I certify I will abide by the regulation set forth on the reverse side of this application			
_____	_____	_____	_____
Date	Employee Signature	Date	Authorized Signature of Assignee

INFORMATION TO USERS OF FORM:

1. For employees of the County of Kauai Payroll, The Social Security Number must be identical to the S.S. No. of your latest EMPLOYEE'S STATEMENT OF EARNINGS. For new employees, Social Security Number must be identical to the S.S. No. on your County Payroll Certification, DPS-1.
2. For applicable deadlines by which to submit this form to be effective within a particular payroll period, refer to current submission deadlines prescribed by the County Director of Finance.
3. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
4. Request for assignment or cancellation of assignment will be effective only upon signed approvals of the EMPLOYEE and the ASSIGNEE (AGENT).
5. Voluntary cash payment is necessary if an employee on Leave without Pay (LWOP) wishes to continue his/her payment with any assignee (agent).
6. When completed please forward to the employee's Department/Division or the County of Kauai Payroll Division.

