

STATE OF HAWAII DIRECT DEPOSIT FORM

Note: If you have access to the Hawaii Information portal, you may enroll or change your direct deposit online. Please check with your Department to see if you have access to these online services.

SECTION A

<i>Department</i>	<i>Division or School</i>
<i>Last Name, First Name, Middle Initial</i>	<i>Day-Time Phone Number</i>
<i>Employee ID Number (if known)</i>	<i>SSN</i>

The undersigned requests to:

ADD NEW ACCOUNT or **CANCEL ACCOUNT** or **EDIT ACCOUNT**

SECTION B – Please provide your account information in the area below. It is highly recommended that you verify your account information with your financial institution.

Name of Financial Institution:	
9 Digit Routing Number (ACH):	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Deposit Type: <input type="checkbox"/> Balance <input type="checkbox"/> Amount <input type="checkbox"/> Percent
Deposit Order: _____	Amount or Percent (if applicable): _____

SECTION C – Deposit Authorization and Agreement

By signing this form:

- I authorize the State of Hawaii to add, cancel or edit the account indicated above for the purpose of direct depositing my employment compensation.
- I agree not to hold the State of Hawaii responsible for any delay or loss of funds due to incorrect or incomplete information I supplied above, or due to an error on the part of the financial institution in depositing funds to my account.

EMPLOYEE SIGNATURE

DATE

ENTERED BY

DATE

DIRECT DEPOSIT FORM, SAFORM D-59

Instructions

As an alternative to receiving a payroll check, you can have your net wages deposited directly into your bank or credit union account. Please complete this form to activate direct deposit.

All sections of the Direct Deposit Form, State Accounting Form D-59, must be completed for the form to be valid. Alterations to this form are not allowed. New forms must be submitted to: 1) add an account; 2) cancel an existing account; or 3) make changes to an existing account. Updates can also be submitted directly through the Hawaii Information portal.

Section A – Personal Information

Department: name of the department you are employed (e.g., Dept of Transportation)

Division or School: name of the division (e.g., Harbors Division) or school you work at

Last Name, First Name, Middle Initial: enter your full name as shown on your personnel records

Day-Time Phone Number: best contact phone number to reach you

Employee ID Number: enter your employee ID number, if known

SSN: enter your Social Security Number

Section B – Account Information

Please refer to your financial institution to provide your account information and routing number to help you complete this section.

See the bottom of your check for the Routing Number and Account Number



(9 digit **Routing Number**) (**Account Number:** length may vary)

Account Type: Indicate if this is a Checking or Savings account

Deposit Type: indicate if the entire Balance, a certain Amount or Percent is to be deposited into this account. If **Amount** or **Percent** is checked, indicate the amount or percent of net wages

Deposit Order: enter the order of the deposit (e.g., 1, 2, 3, etc.). If the Deposit Type is Balance, enter 999 as the Deposit Order

Section C – Deposit Authorization and Agreement

Please address all questions to your Department Human Resources Office, or refer to the following website: