

DIRECT DEPOSIT AUTHORIZATION FORM

PART 1: TRANSACTION TYPE

New Authorization
 Withdraw Authorization
 Change in Authorization

PART 2: PAYEE IDENTIFICATION:

Owner Tax ID (Social Security Number or Employer Identification Number)	Contact Telephone Number:		
Payee Name	Email Address		
Payee Mailing Address	City	State	ZIP Code

PART 3: PAYEE FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	City	State	ZIP Code
Routing Transit Number	Customer Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

PART 4: AUTHORIZATION FOR SET UP, CHANGES OR CANCELLATION

I hereby request and authorize the COUNTY OF MAUI to deposit payments by electronic fund transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed Name	Date
----------------------	--------------	------

For new or Change in Authorization: Attach a voided check or another valid bank document which bears the name and address of the landlord/tenant, routing number and account number on the form. Starter checks are unacceptable.

For HSG/FIN use only

PEID (Vendor)#: _____	Date of anticipated payment: _____
HSG Reviewer: _____	IFAS entry date: _____ Prep/review: _____