

**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  
   1936 South King Street  
   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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AUTHORIZATION/CANCELLATION OF PAYROLL DEDUCTION**

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**Credit Union Copy**

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