

ACCOUNT HOLDER NAME	
ADDRESS CITY, STATE ZIP	
PHONE NUMBER	
SOCIAL SECURITY #	

<b>FINANCIAL INSTITUTION / DEPOSITORY INSTITUTION</b>  Central Pacific Bank P.O. Box 3590 Honolulu, HI 96811-3590 808-544-0500 Toll-Free 1-800-342-8422 www.centralpacificbank.com
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Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into your CPB account below.

1. Ask your employer for their direct deposit form (or ask if you can use this form). Fill in your bank account number and routing number (see sample).
2. You can also use this form to have dividend or insurance payments directly deposited to your account.
3. No worrying about getting or depositing your check. Direct Deposit is convenient and automatically done for you.

### REQUEST TYPE

New Request     Change Request

### PRIMARY ACCOUNT

ACCOUNT TYPE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER: 121301578

AMOUNT TO DEPOSIT:  Net Pay     Fixed Amount: \_\_\_\_\_

### OPTIONAL SECONDARY ACCOUNT

ACCOUNT TYPE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER: 121301578

AMOUNT TO DEPOSIT:  Net Pay     Fixed Amount: \_\_\_\_\_

### AUTHORIZATION & AGREEMENT

I hereby authorize \_\_\_\_\_ (company/organization name) hereinafter called "ORIGINATOR," to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated and the depository institution named above, hereinafter called "DEPOSITORY," to credit and/or debit the same to such account.

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Customer Name \_\_\_\_\_ Customer Signature \_\_\_\_\_ Date \_\_\_\_\_