See your department secretary for salary assignment form, which is a multi-page carbon form.

ENTER NAME AS IT APPEARS ON PAYROLL CHECK. LAST, FIRST MIDDLE INITIAL

ENTER "C" FOR CHECKING "S" FOR SAVINGS ACCOUNT

ENTER CHECKING/SAVINGS ACCOUNT CODE (8 DIGITS)

STATE OF HAWAII **SALARY ASSIGNMENT/CANCELLATION**

DEPARTMENT: UNIVERSITY OF HAWAII

SUB-DIVISION OR SCHOOL: COLL OF SOCIAL SCI/Anthropology

FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.
	XXX XX XXXX	BROWN, MARY B	BA			XXXXXXXXX	F

THE UNDERSIGNED HEREBY: [X] **ASSIGNS** OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR [ ] **CANCELS**

(CHECK ONE BOX ONLY, IF "**ASSIGNS**")

[ ] $ _____ THE FIRST MONTH
AND $ _____ EACH MONTH THEREAFTER

[ ] PERCENT EACH MONTH _____ %

[X] MY NET WAGES

- **EFFECTIVE** WITH THE PAYROLL PERIOD THAT **INCLUDES** .... ___/___/___ (MONTH DAY YEAR)
- WITH **ENDING** DEDUCTIONS FOR THE PAYROLL PERIOD **PRIOR TO** ... ___/___/___ (MONTH DAY YEAR)
- WHEN MY COMMITMENT OF $_____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION

FOR AGENCY USE

DEDUCTION	AMOUNT
DUES	
LIFE INS.	
INC. PROT.	
CR. UNION	
TOTAL	

I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION

04-03-90 (DATE) Mary B. Brown (EMPLOYEE OR AUTHORIZED SIGNATURE)

TYPE AGENT'S NAME, BRANCH, ADDRESS, AND ZIP CODE HERE
Bank of Hawaii, Kaimuki Br
3600 Waialae Avenue
Honolulu, HI 96816

(DATE) John Brown (AUTHORIZED SIGNATURE OF ASSIGNEE)

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
JULY 1, 1984 (REVISED)

SIGNATURE REQUIRED