

Hawaii Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.

Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by mail on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. Please note: if you choose to have your check deposited into two accounts, you must indicate the percentage or flat amount to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Payment Authorization Form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Paper Checks

If you do not select the direct deposit option, Acumen will send your pay check via regular mail, according to the established pay schedule you have received. We make every effort to get your check to you by payday; however it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit.

Pay Cards

You may elect to have direct deposit to an existing pay card that is already in your name. You will need to provide supporting documentation to verify the routing & account number and name on the account. Please note that Acumen is not is not liable to replace funds if someone else uses your pay card without your permission. When you have changed deposits to your Pay Card, Acumen will need to reverse the payment method. However if the reversal is not successful, you need to work with your institution to correct that payment.

Please return the completed form to Acumen. You may send by email, fax, or mail listed below:

Email: enrollment-hi@acumen2.net

Fax: (808) 427-8180

Mail: 1003 Bishop St., Ste. 1100, Pauahi Tower, Honolulu HI

96813

Note: if you do not select one of the options, Acumen will send your pay check via regular mail, according to the established pay schedule you have received.

<u>PAYMENT AUTHORIZATION FORM</u> I choose to receive my pay by (please check one box below):

Check ☐ Direct Dep	osit \square Personal Pay Card \square
	DEPOSIT OR PAY CARD:
	savings accounts, please send a printout from your bank
immediately!	information. Submit any changes to your account(s)
ininediately:	
Primary Account	Secondary Account (optional)
Account Type:	Account Type:
☐ Checking (attach a voided check or bank letter)	☐ Checking (attach a voided check)
□ Savings (attach bank letter)	 Savings (attach routing & account information printout)
☐ Personal Pay Card (attach account information)	□ Personal Pay Card
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Financial institution Address	Financial institution Address
Routing Number	Routing Number
Account Number	Account Number
Account Number	Account Number
Amount of deposit:	Amount of deposit:
□ Percentage	□ Percentage
□ Flat dollar amount	☐ Flat dollar amount
Are you the account holder for the account(s) listed	l above? □ Yes □ No
If "no," what is the name of the account holder?	
If "no," employee agrees to have their funds deposited	into this account.
	Employee Signature
AUTHORIZATION FOR DIRECT DEPOS	SIT, PAPER CHECK, OR PERSONAL PAY CARD
	pany") to deposit any amount owed to me for wages and/or reimbursements by
	ereinafter "Bank") handling my choice indicated above. Further, I authorize Bank
	account. In the event that Company deposits funds erroneously into my account,
I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable	
opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays	
	issued. I understand that if I request a stop payment, a processing for of \$35.00
	ved, I must sign up for direct deposit. I understand that I may elect to have direct
	is I provide supporting documentation to verify the routing & account number and
	y pay card fraudulent activity related to third party transactions. I understand that
understand that Acumen is not responsible and I will need to work with the company that the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and I will need to work with the company is not responsible and the company is not responsib	od if I want switch to my pay card. However if the reversal is not successful, I with my institution to rectify said payment
understand that Addition is not responsible and I will need to work t	vial my institution to rectify said payment.
Print Name	Social Security Number Date of Birth
Email Address	Signature Date