

Follow these steps

1. Complete and sign this form to authorize payment
2. Attach a voided check of the checking/savings account to be transferred FROM
(only required if the account being used for payment is NOT an ASB business account).
3. Email the completed form to HRC@asbhawaii.com

STEP 1: Request ACH One Time Transfer	
I authorize American Savings Bank to take FROM my checking Routing # _____ Account # _____	<p>Please include a copy of a voided check that shows the full account number (only required if the account being used for payment is NOT an ASB business account). The person requesting the transfer must be the account owner on this account.</p>

STEP 2: Transfer to ASB
Amount to Pay \$ _____

STEP 3: Authorization & Signature								
<p>I (we) authorize American Savings Bank to electronically debit my (our) account, and if necessary, to initiate any adjustments for any transactions credited or debited in error. I (we) certify and acknowledge that I (we) are authorized to transact on the account, have sufficient funds in the designated financial institution and that the origination of this single ACH transaction to my (our) account complies with U.S. and Hawaii laws and cannot be revoked. I (we) will also ensure that this account will be white-listed to allow for this single ACH transaction to be initiated and not blocked by my financial institution.</p>								
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 15%;">_____</td> <td style="border: none; width: 19%;">_____</td> </tr> <tr> <td style="border: none;">Print Name</td> <td style="border: none;">Signature</td> <td style="border: none;">Phone</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	_____	Print Name	Signature	Phone	Date
_____	_____	_____	_____					
Print Name	Signature	Phone	Date					

Request Taken by: (Print Name)	Branch/Dept #	Phone #	# Attachments
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