JOHN WAIHEE
GOVERNOR

ROBERT P. TAKUSHI
COMPTROLLER

LLOYD I. UNEBASAMI
DEPUTY COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P.O. BOX 119
HONOLULU, HAWAII 96810-0119

AUG 24, 1994

COMPTROLLER'S MEMORANDUM NO. 1994-25

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

FROM: Robert P. Takushi, Comptroller

SUBJECT: Revised MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION, SAFORM D-62

This is to inform departments that a revised Motor Vehicle Insurance Deduction Authorization, SAFORM D-62 was revised as of July 1, 1994. The new form will be available from the State Procurement Office (formerly DAGS, Central Purchasing) starting September 15, 1994. The remaining quantities of the old form may be used for transactions submitted through December 16, 1994. For any transaction submitted after that date, departments and agencies will be required to use the new form.

Attached for your information is a sample copy of the revised form with the specific changes described below:

1. Added the following on the right side of the block that indicates the initial monthly deduction amount:

   "EFFECTIVE DATE __/__/__"

2. Changed revision date to July 1, 1994 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

ROBERT P. TAKUSHI
Comptroller

Attachment

PER
BUS-F

PACIFIC BUSINESS FORMS (808) 587-1717

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY
(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)

STATE OF HAWAII — **MOTOR VEHICLE INSURANCE DEDUCTION AUTHORIZATION**

Department	Sub-Division or School

Form No. 1-4 PIG	Social Security No. 5-14	Last Name, First Name, Middle Initial 15-36	Type 37-38 MV	Agent 39-41	Plan 42-44	I.D. No. 45-52	Dept. 53

☐ I HEREBY AUTHORIZE MY EMPLOYER (STATE OF HAWAII) TO DEDUCT FROM ANY OF MY COMPENSATION, EACH PAYROLL PERIOD, THE PREMIUM REQUIRED BY THE INSURER FOR MY MOTOR VEHICLE INSURANCE. THIS AUTHORIZATION INCLUDES ANY PREMIUM INCREASE, DECREASE, ADJUSTMENT, OR CANCELLATION REQUIRED BY THE INSURER.

MY INITIAL MONTHLY DEDUCTION AMOUNT IS $ _____ . (1) EFFECTIVE DATE ___/___/___

☐ I HEREBY REVOKE ANY PREVIOUS AUTHORIZATION, MADE BY THIS FORM, TO DEDUCT MOTOR VEHICLE INSURANCE PREMIUMS FROM MY COMPENSATION FROM THE STATE OF HAWAII.

	Print or Type Agent's Name and Address (Include Zip Code)
Date / Employee's Signature	Date / Authorization Signature

STATE COMPTROLLER (CENTRAL PAYROLL)

(2) State Accounting Form 0-62
JULY 1, 1984 (REVISED)