

DIRECT DEPOSITE ENROLL FORM

Employer Name :	Employee Number :
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Form 8888

OMB No. 1545-0074

Tick Required section : Payroll Payments Refund PaymentCheck this box if the address furnished below match with your State Identification Card or Driver's License.

Name (or names, if joint account) : _____

Mailing Address (Street, Route, P.O.Box) : _____

(City, State, ZIP Code) : _____

Telephone No. : _____ E-mail : _____

Enter the following information & attach a voided check

Depositor's Account No : _____ Account Type. (Checking) -- (Saving)

Bank Routing No. : _____ Bank Phone No. : _____

Financial Institution Name : _____

* If you want payments deposited at a credit union, **DO NOT ATTACH A VOIDED CHECK**. Ask the credit union to tell you the correct routing number to use on this form.**EMPLOYEE/WORKER CONFIRMATION STATEMENT & PLEASE SIGN IN BLACK/BLUE INK ONLY**

I hereby authorize Japan Post Holdings Co. Ltd. to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited into my account, I authorize Japan Post to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Japan Post for distribution and this will delay your check.

(Signature) _____

(Date) _____

NOTE : Complete and sign this form as requested. Digital or electronic signatures are not acceptable**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on the form is authorized by 31 U.S.C CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C 6109). The purpose of requesting the information is to enable Japan Post Holdings Co., Ltd., to process your payroll checks or petty cash expenses. Furnishing the information is voluntary; however, without the information, the Account Payment Department may be unable to process transactions. We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form.