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DEPARTMENT OF ACCOUNTING
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P.O. BOX 119
HONOLULU, HAWAII 96810-0119

JUL 30 2003

COMPTROLLER'S MEMORANDUM NO. 2003-19

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revision to First Hawaiian Bank Stop Payment Order Form

This is to inform departments that a revised First Hawaiian Bank (FHB) Stop Payment Order Form will be implemented on August 1, 2003. An electronic version of the revised form will be emailed to departments and agencies that have used one in the past. Departments wishing to use an electronic version of the revised form may contact Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610 to obtain a copy.

Departments using the paper form should order the new form from Correctional Industries at a cost of $2.50 per pad, as soon as possible. Remaining quantities of the old form should be discontinued.

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

FIRST HAWAIIAN BANK STOP PAYMENT ORDER FORM

1. In the "FOR BANK USE ONLY" section, the Stop Expiration information has been changed:

FROM:

FY CODE	STOP EXPIRATION DATE
2	June 5, 2003
3	June 5, 2004

TO:

FY CODE	STOP EXPIRATION DATE
3	June 5, 2004
4	June 5, 2005
5	June 5, 2006
6	June 5, 2007

AUG 01 2003

2. The revision date on the bottom left hand corner of the form, has been changed to "08/03".

Please forward this memorandum to the offices in your department that are involved in stop-payment processing of State of Hawaii checks. If you have any questions regarding this matter, call Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610.

RUSS K. SAITO
State Comptroller

Attachment

FIRST HAWAIIAN BANK

STOP PAYMENT ORDER

TITLE OF ACCOUNT:	ACCOUNT NUMBER:	FUND CODE
Comptroller Sub-Account	**01-088947**	CONVERSION TABLE

CHECK NO.	SERIAL NO.								
	FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.					
AMOUNT			0						

FUND CODE	FUND NO.
P	1
W	2
G	3
S	4
B	5
T	6
E	7
U	8

CHECK DATE	
PAYEE	
REASON FOR STOP	DATE
SIGNATURE OF RESPONSIBLE FISCAL OFFICER	DEPARTMENTAL CONTACT PERSON (PRINT)
DEPARTMENT/NAME OF EXPENDING AGENCY	TELEPHONE NO.

STOP PAYMENT ORDER ACCOUNTING DIVISION	DATE SUBMITTED	TIME SUBMITTED
STOP PAYMENT ORDER CANCELLATION ACCOUNTING DIVISION	DATE SUBMITTED	TIME SUBMITTED

FOR BANK USE ONLY

☐ ENTER STOP PAYMENT ☐ REMOVE STOP PAYMENT

Entered By _____ Confirm # _____

Date _____ Time _____ Authorized By _____

☐ STOP PAYMENT REJECT

Reason _____ Authorized By _____

FY CODE	STOP EXPIRATION DATE
3	June 5, 2004
4	June 5, 2005
5	June 5, 2006
6	June 5, 2007

Rev 08/03