

# MAKAHIKI CARD SALES COMMISSION SELECTION FORM

UNIT TYPE: \_\_\_\_\_

UNIT #: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX BELOW:**

**UNIT ACCOUNT**—COMMISSIONS WILL BE DEPOSITED DIRECTLY TO THE UNIT ACCOUNT AT ALOHA COUNCIL.

**BANK DIRECT DEPOSIT**—COMMISSIONS WILL BE DEPOSITED INTO YOUR UNIT'S BANK ACCOUNT. PLEASE ATTACH A VOIDED CHECK AND COMPLETE THE INFORMATION BELOW.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
 CHECK ONE: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**CHECK REQUEST**—COMMISSION TO BE PAID TO UNIT NAME C/O UNIT TREASURER. PLEASE FILL OUT ADDRESS INFORMATION BELOW.

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