

EMPLOYEE INFORMATION

NAME: _____ DEPARTMENT: _____
ADDRESS: _____ A NUMBER: _____
CITY/STATE: _____ PHONE: _____

WAIVER STATEMENT

I, _____, hereby request waiver of the requirement for direct deposit
Please Print Name
and for pay card of my future paychecks for the following hardship reason:

- Geographical Barrier
Physical/Mental Disability Barrier
Legal Issues
Other

Please use this space to explain above indicated reason:

Multiple horizontal lines for explaining the reason.

I understand that if my request for waiver of the payroll direct deposit requirement is approved, my paycheck will be mailed to my current mailing address in the Banner System on payday.

Employee Signature _____ Date _____

DEPARTMENT USE ONLY

- Approved
Denied

Department : _____

Name of Department Staff Assistant (print) _____ Signature _____
Title _____ Date _____

PAYROLL USE ONLY

- Approved
Denied

Name of Payroll Department Representative _____ Signature _____ Date _____