



REQUEST FOR DIRECT DEPOSIT WAIVER

AS532

Employee _____

LSU ID _____

Address _____

Phone _____

E-mail _____

Waiver Statement

I, _____, hereby request waiver of the requirement for direct
(Print name)
deposit of my future paychecks for the following hardship reason:

Supporting documentation must be included to support this request

- Unable to establish account
- Work-Study recipient
- Other

Please use this space to explain above indicated 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 address in the Payroll system on payday.

Signature _____

Date _____

FOR ACCOUNTING SERVICES USE ONLY

Approved Denied

Processed by _____

Date _____