



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Payroll
204 Thomas Boyd Hall

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.

Any debt owed to the university, including, but not limited to, unearned salary/benefits/reimbursements, tuition and fees, payment of fines, fees, and penalties, shall be recovered through payroll deduction. Debt which exceeds available net payroll funds, any delinquent debt, or debt that is not authorized for payroll deduction shall be placed with the Attorney General's Office for collection in accordance with the State of Louisiana guidelines. Collection/attorney fees in the amount of 25% of the unpaid debt and all court costs shall be the obligation of the employee.

Signature _____

Date _____

FOR ACCOUNTING SERVICES USE ONLY

Approved Denied

Processed by _____

Date _____