



REQUEST FOR DIRECT DEPOSIT WAIVER FORM

Submit this form to: Payroll Department 433 Bolivar Street, Room 611
Tel (504) 568-8460 Fax (504) 568-2366

Employee Name: _____

Employee ID: _____

Address: _____

Department: _____

City/State/Zip: _____

Phone Number: _____

WAIVER STATEMENT

I, _____, request a waiver of the request for direct
(Print Name)

deposit of my future paychecks for the following hardship reason:

- Unable to establish account Other

Please use this space to explain above indicated reason Supporting documentation must be attached.

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

I hereby certify that the above information is true and accurate.

Employee Signature _____ Date _____

FOR ACCOUNTING SERVICES USE ONLY

- Approved Denied

Processed By _____ Date _____