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 deposit of my future paychecks for the following hardship reason:
(Print name)

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 _____

Rev 04/22