

REQUEST FOR DIRECT DEPOSIT WAIVER

AS532

Employee _____

LSU ID _____

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 _____