

# Employee Direct Deposit Personal Exemption Request Form



## Employee Information

Last	First	Middle	
Street Address	City	State	Zip Code
Job Title	Employee ID		
Department			
Employee's Email Address	Work Phone		

## Personal Exemption Request *(To be completed by the employee desiring to be exempted from the requirement that they enroll in direct deposit)*

I request an exemption from the direct deposit requirement due to the following reason. (Please place a check in the appropriate box below indicating the reason for your request for an exemption).

I currently do not have an account at an eligible financial institution and am unable to obtain an account. **Attached is a letter from an eligible financial institution to this effect.**

I request that the institution's Chief Business Officer consider an exemption for my specific extreme hardship. **Attached is a letter explaining my hardship.**

*(continued on next page)*

## Employee Acknowledgement

For payroll-related payments not made by electronic funds transfer, including direct deposit and pay card methods, all paper checks will be mailed. An employee receiving his/her pay by paper check will be required to notify their payroll provider in writing of any address changes or use the electronic, self-service methods, if available at their institution, to update their mailing address information.

Neither the Board of Regents, East Georgia State College, nor the Shared Services Center (if applicable) assumes any responsibility for a delay in receiving a paper check sent via the United States mail or its equivalent. Should a paper check have to be reissued due to a lost check, the employee may have to wait up to seven days before a replacement check can be issued and mailed.

The employee may enroll in direct deposit should circumstances change. Employee acknowledges that he/she may be offered payment methods other than paper check, when such options may become available.

By signing below, I acknowledge I have read a copy of the referenced policy requiring direct deposit, acknowledge the advisement to hires and rehires regarding possible dismissal, acknowledge the risks associated with paper checks, and hereby submit my request for exemption for the reason stated above (letter of explanation attached).

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FORWARD THIS AGREEMENT AND LETTER OF EXPLANATION TO :**

East Georgia State College  
Office of Human  
Resources  
131 College Circle  
Swainsboro, GA 30401

**OR FAX TO:** (478) 289-2160