

Employee Name: _____ EMPL ID: _____

I respectfully request to be exempt from the Mandatory Direct Deposit Policy, due to the following reason:

I will not receive more than two pay checks in a calendar year.

Employing Department Signature Date

Employing Department Print Name

I am unable to obtain a checking or savings account. (Must re-apply each calendar year.)

Financial Institution representative must complete below:

The above mentioned employee is unable to open a checking or savings account at this financial institution at this time.

Financial Institution Authorized Signature Date

Financial Institution Name

I am a Work Study student receiving financial aid funds only

Special circumstances - must be significant and not due to lack of bank account. (Requires President or Vice-President approval)

Special Circumstance explanation

President or VP Signature Date

I hereby certify that all of the above information is true, complete and correct.

Employee Signature Date

Not Approved Approved

HR/Payroll Signature Date

HR/Payroll Printed Name & Title

Route this form to:
Human Resources/Payroll
SGC 102 or
NDSU Dept 3140
PO Box 6050
Fargo, ND 58108-6050
Phone: (701) 231-8961