Brandeis University
Direct Deposit Waiver Request

Employee Name_____ EMPLID_____
(please print)

Please check one:

□ faculty □ staff □ graduate student □ undergraduate student

Hiring Department_____

I understand Brandeis University requires the use of direct deposit for salary payments to faculty, staff and students.

□ I certify that I am unable to open a bank account at a bank or credit union, and therefore request a temporary exemption from the university's direct deposit policy. I have attached a copy of the denial letter I received from a financial institution which supports this request. I agree that once I am able to open a bank account, I will notify the Payroll Office and will comply with the policy.

□ Complying with the policy will be more costly to me. Please provide detailed explanation and supporting documentation. Use reverse side of this form if necessary.

I understand that the Payroll Office will periodically contact me for an update on my ability to comply with the policy.

Employee Signature_____ date_____

Approvals:

_____
Vice President of Human Resources date

_____
Vice President of Financial Affairs and Treasurer date

Payroll use only:

Paygroup_____DDP off_____by_____date_____