

---

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

---

Last Name:

First Name:

Middle Initial:

\_\_\_\_\_

Banner ID:

\_\_\_\_\_

Daytime Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Department Name:

\_\_\_\_\_

I hereby request an exception to the Southern Illinois University Edwardsville campus Electronic Direct Deposit Policy due to the following reason(s):

(Please provide a detailed explanation in the space below)

I understand that my request not to participate in direct deposit is subject to the approval of the Payroll Manager and Director of Human Resources and that I may revoke this request prior to a decision by completing a **Direct Deposit Authorization Form**. Until an approval decision is made, I understand that all payments from Southern Illinois University Edwardsville that are normally subject to the Electronic Direct Deposit Policy will be mailed to my mailing address. Furthermore, if this waiver is approved, I understand that all such payments will continue to be mailed in the same manner.

Employee Signature

Date Signed

\_\_\_\_\_

Please submit completed and signed form to:

Payroll Manager  
Campus Box 1040  
Rendleman Hall Rm 3210  
Edwardsville, IL 62026

**FOR INTERNAL USE ONLY:**

Signature and Date

\_\_\_\_\_ Request  
Approved

\_\_\_\_\_ Request  
Denied

\_\_\_\_\_

Payroll Manager