State of Vermont Department of Finance & Management - Payroll Division

Request	for W	aiver o	of Direct	Deposit

Approved: Denied: Signature of Commissioner of F&M:
Date:

Employee Information:	equest for waiver of Direct D	eposit	Date:		
Last Name:	First:		M.I		
Street Address:					
City:					
Job Title:		Employee ID#:			
Agency / Department:	Work	Work Location:			
Employee's Email Address:	Work	Work Phone:			
Direct Deposit Requirement Pursuant to Section 101 of Act #4 of the employees of the State of Vermont are			.11 - Direct Deposit, all		
Personal Exemption Request (To be they enroll in direct deposit)	completed by employee desiring	g to be exempted fi	rom the requirement that		
I request that I be paid by paper check t	for the following reason (Check	one):			
Written rejection action for The employee must submit written either a checking or a savings act waiver. Documented religious averance The employee must submit written compliance with the Direct Deposinclude a copy of any writings that with the Policy. If the claim of condocumentation must include inform representative of the religious organization.	ersion to technology and its use confirmation that he or she has sit Policy is contrary to his or her intindicate an objection to the use inflict is based upon the laws or termation that would allow a representation.	usage is a bona fide religiou religious faith. The of technology that we rets of a religious of	as belief and that documentation must would prohibit compliance organization, the		
Employee Acknowledgements For payments not made by electronic further and shall be dated the date of prior to the designated payday. The Stathe United States mail or its equivalent, may have to wait for as much as seven days of the receipt of an affidavit attestion.	f the employee's pay date. No pate assumes no responsibility for Should a paper check have to lays before a replacement che	post-dated paper cl or the delay in recei be reissued due to	hecks shall be mailed iving a paper check via a lost check, employee		
Employee may enroll in Direct Deposit soffered other payment methods as option					
By signing below, I acknowledge the ab I request a waiver of the Direct Deposit		ed a copy of Persor	nnel Policy 12.11 and that		
Signature of Employee:		Date:			
Instructions:	arm to the following address:				

Employee should execute and submit this form to the following address:
Commissioner of Finance & Management
109 State Street
Montpelier, VT 05609