



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
Office of Accounts & Control

REQUEST FOR DIRECT DEPOSIT WAIVER FORM

Employee Name: _____ Employee ID: _____
Dept/Agency: _____ Payroll Acct #: _____
Email Address: _____ Phone Number: _____

WAIVER STATEMENT

I, _____, hereby request a waiver of the requirement for
(Print Name)
direct deposit of my future paychecks for the following reason:

Please use this space to explain the reason for the waiver request (see section 8.1 of final regulation).
Supporting documentation must be attached

I understand that the State of Rhode Island has a mandatory direct deposit payroll system for all State Employees paid through the State Payroll System and the final regulation can be viewed on the Rhode Island Secretary of State website: http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOA/8371.pdf
I understand that if my request for a waiver of the requirement for direct deposit is approved, my paycheck will be sent to my department for distribution.
I understand that should the above stated circumstances change, I am required to notify the Office of Accounts & Control within 10 (ten) business days and enroll in direct deposit or submit a new waiver form no later than the end of the next full pay period.
I understand that if this waiver is approved, such approval may be periodically reviewed.

By signing, I hereby certify that the above information and any attached documentation are true and accurate.

Employee Signature _____ Date _____

FOR ACCOUNTS AND CONTROL USE ONLY

Approved Denied

Processed By _____ Date _____