



## Department of Financial Services

*Division of Accounting and Auditing – Bureau of State Payrolls*

### Direct Deposit Hardship Exemption Request

Date: \_\_\_\_\_ People First ID: \_\_\_\_\_

Employee's full name: \_\_\_\_\_

Employee's mailing address: \_\_\_\_\_

Per Florida Statute 110.113(2) an employee may request an exemption from receiving salary payments by direct deposit when the employee can demonstrate a hardship. Upon approval of this request, all salary payments will be made by paper warrant. The State of Florida assumes no responsibility for the delay in receiving a paper warrant via the United States Postal Service or equivalent. Should a paper warrant be reissued due to a lost warrant, the employee may have to wait up to 10 business days until a replacement warrant is issued and mailed.

Provide an explanation below of the reason(s) a hardship will exist if required to enroll in direct deposit. Supporting documentation from a bank or credit union declining to open a checking, savings, second chance bank account, or debit payroll pay card account, may also be requested for exemption to be considered.

By signing below, I acknowledge that, if this request is approved, it will expire after a period of two years, at which time I must re-apply. Approvals are reviewed at agencies' discretion.

By signing below, I acknowledge that if this request is denied, my participation in direct deposit is required.

By signing below, I acknowledge having been provided a copy of the policy requiring Direct Deposit, and the risks associated with paper warrants, and hereby submit my request for exemption.

\_\_\_\_\_  
**Employee's Printed Name**

\_\_\_\_\_  
**Employee's Signature**



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**Human Resources Use Only:**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**HR Position Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone Number**

**Accommodate Request:** Yes: \_\_\_\_\_ No: \_\_\_\_\_