



## Direct Deposit Exemption Request Form (Form OSCPXA22)

### Employee Information

Last		First		M.I.
Street Address	Apartment/Unit #	City	State	ZIP Code
Job Title				Position Number
Agency / Department				Work Location
Employee's Email Address				Work Phone

#### Policy

It is the policy of the State of North Carolina that all SPA and EPA employees paid by a payroll center administered by the Office of the State Controller (OSC) be required to use the direct deposit feature to receive payroll related payments.

#### Personal Exemption Request *(To be completed by employee desiring to be exempted from the requirement that they enroll in the direct deposit feature)*

I request that I be paid by paper check for the following reason (Check one):

I currently do not have an account at an eligible financial institution and am unable to obtain an account. Attached is a letter from an eligible financial institution to this effect.

I request the State Controller to consider an exemption for my specific extreme hardship. Attached is a letter explaining my hardship.

#### Employee Acknowledgements

All payroll related payments shall be made in accordance with G.S. 143B-426.39B(a), which requires the delivery of payment to the legally designated recipient by United States mail or its equivalent, including electronic funds transfer. For payments not made by electronic funds transfer, all paper checks shall be mailed by the payroll center on the employee's designated payday and shall be dated the date of the employee's pay date. No post dated paper checks shall be mailed prior to the designated payday. Any employee receiving his/her pay by paper check shall be required to provide the payroll center a valid mailing address.

The State assumes no responsibility for the delay in receiving a paper check via the United States mail or its equivalent. Should a paper check have to be reissued due to a lost check, employee may have to wait for as much as seven days before a replacement check will be issued and mailed within seven days of the receipt of an affidavit attesting to the loss.

Employee may enroll in the Direct Deposit feature should circumstances change. Employee acknowledges that he/she may be offered other payment methods as options, other than paper check, when such options may become available.

By signing below, I acknowledge having been provided a copy of the referenced policy requiring Direct Deposit, acknowledge the advisement to hires and rehires regarding possible dismissal, acknowledge the risks associated with paper checks, and hereby submit my request for exemption for the reason stated above.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

#### Instructions:

Employee should execute and submit this form to the following address:

Office of the State Controller  
Attn: Karen Faggart  
1410 Mail Service Center, Raleigh, NC 27699-1410

OSC Use Only