State of Maine Office of the State Controller Payroll Division

Direct Deposit Exemption Request Form

Employee Information

Last	First			M.I.	
Street Address	Apartment/Unit #	City	State	ZIP Code	
Job Title				Position Number	
Agency / Department	t			Work Location	
Employee's Email A	ddress			Work Phone	
required to use the dir Controller's Website.	State of Maine that State employees rect deposit feature to receive payroll at	related payments. The	he standards and pr	I by the Office of the State Controller (OSC) be recedures may be viewed at the State requirement that they enroll in the direct deposit	
feature)	id by paper check for the following re		,	1	
the employee's aThe employeeI request the Employee Acknowle All payroll related pa	ability to gain access to electronically ee certifies that his or her religious co e State Controller to consider an exemedgements ayments shall be made in accordance	y deposited funds. Do provictions preclude the inption for my specific with PL 2008, Chapt	ocumentation require use of direct dep c hardship. Attache ter 539 which require	osits. Attached is a letter of explanation.	
transfer, all paper che				employee's pay date. No post dated paper check	
have to be reissued d		have to wait for as mi		es mail or its equivalent. Should a paper chec before a replacement check will be issued ar	
	l in the Direct Deposit feature should options, other than paper check, whe	_		owledges that he/she may be offered other	
	acknowledge having been provided ks associated with paper checks, an			nd procedures requiring Direct Deposit, aption for the reason stated above.	
Signature of Employ	yee		Da	ite	
Instructions:					
Office of th Attn: Payro	Recute and submit this form to the form to	ollowing address:	OSC Use C	Only	
Or Fax to: 207- 626-					

OSC Version