REQUEST FOR WAIVER OF DIRECT DEPOSIT REQUIREMENT

State Form 52254 (7-05)
Approved by State Board of Accounts, 2005

BUSINESS NAME _____

ADDRESS _____

_____

FEDERAL ID/ SOCIAL SECURITY NUMBER _____

DAYTIME PHONE # _____

CONTACT PERSON _____

_____ (owner/officer), by and on behalf of the above named business, hereby requests a waiver of the direct deposit requirement set forth in Indiana Code 4-13-2-14.8. The Auditor of State may only grant a person's or business' request for a waiver for one of the following reasons:

[ ] The person/business does not currently have a savings or checking account and is unable to establish such an account within the business' geographic area of primary business location without payment of a service fee. Submitted with this waiver request is a written statement from its financial institution of the inability to establish an account without the payment of a fee.

[ ] The person's/business' primary location is too remote to have access to a financial institution where a direct deposit can be made.

[ ] The person's/business' financial institution is unable to accept an electronic deposit or withdrawal. The person/business must submit with this waiver request a written statement by the person's/business' financial institution that the financial institution is unable to accept an electronic deposit or withdrawal.

The Auditor of State may determine that the facts of the particular case warrant a waiver of the direct deposit requirement of Indiana Code 4-13-2-14.8. Such facts shall be set forth in a letter submitted with this waiver request.

I understand that if this request for waiver of direct deposit is approved, payment(s) to the business will be mailed to its current address on the Auditor's vendor file. I understand that if approved, this waiver is valid for only one year from the date shown in the box below.

_____ _____

Signature/Title Date

FOR AUDITOR OF STATE USE ONLY

[ ] Approved

[ ] Denied

Auditor of State *Date*