

DECLINATION OF DIRECT DEPOSIT ACKNOWLEDGMENT FORM

I, _____, hereby acknowledge that I am not enrolling in the direct deposit program because I do not have a bank account.

I understand that by not enrolling there is a possibility my paper check may be lost or delivery delayed. I also understand that there is no mechanism for making a substitute payment other than having a replacement check issued by the Office of the State Comptroller.

This acknowledgment will be placed in my personnel folder.

Name

Date