

#### POLICIES AND PROCEDURES

# Mandatory Employee Direct Deposit ISUPP 2600

POLICY INFORMATION

**Policy Section:** Finance

**Policy Title:** *Mandatory Employee Direct Deposit* **Responsible Executive (RE):** *Chief Financial Officer* 

**Sponsoring Organization (SO):** Finance

Effective Date: March 26, 2018 Last Reviewed: November 2023

#### I. INTRODUCTION

This ISUPP establishes and communicates Idaho State University's (University) policy on how it will issue payments of employees' earnings. This policy applies to all University employees. Prior to the issuance of this policy, employees could elect to have their pay issued via direct deposit to a financial institution of their choice or by paper check. This policy aims to maximize the use of direct deposit payments, minimize the issuance of paper checks, and thus reduce costs while providing employees with reliable and timely receipt of their earnings.

## **II. POLICY STATEMENT**

The University will issue payment of all employees' earnings by direct deposit to the employees' designated bank account. In accordance with state and federal requirements regarding direct deposit of payroll, the employee may designate an eligible financial institution of his/her choice to receive the direct deposit payment of earnings. The following requirements and deadlines apply:

- A. Individuals employed prior to the effective date of this policy who are receiving their pay by direct deposit shall continue to be paid by direct deposit. No action is required.
- B. Individuals who were employed prior to the effective date of this policy and have received their pay by paper check shall be required to have their earnings deposited directly into an

account at an eligible financial institution of their choice unless an exemption is granted. No later than thirty (30) days after the effective date of this policy, these employees must provide the Payroll Office with the name and account information of the eligible financial institution where the direct deposit of their earnings will be received by completing the payroll direct deposit form.

C. Individuals hired on or after the effective date of this policy shall be required to receive their earnings by direct deposit unless an exemption is granted and, within thirty (30) days of their hire date, must provide the Payroll Office with the name and account information of the eligible financial institution that will receive their direct deposits by completing the payroll direct deposit form.

The University Controller and the Payroll Supervisor have authority to grant exemptions from the direct deposit requirement. An employee may request an exemption by completing a Direct Deposit Personal Exemption Request Form (see Attachment A). An employee whose request is denied may appeal to the University's Chief Financial Officer whose decision will be final.

## III. RELATED LAWS

- A. Idaho Code §45-608
- B. State of Idaho, Office of the State Controller Mandatory Direct Deposit Policy https://www.sco.idaho.gov/

# Idaho State University Payroll Office Direct Deposit Personal Exemption Request Form

Section I (to be complete	ed by employee)	
Employee Name (Please I	Print)	Work Phone
Job Title		Last four digits of Social Security Number
	related payments. The Policy in its en	y the ISU Payroll Office be required to participate in Direct tirety is available for review on the ISU Payroll Web
Personal Exemption Rec I request that I be exempte for the following reason (sele	d from the requirement that I participate	in Direct Deposit and instead be paid by paper check
	o not have a checking or savings accour account. Attached is a letter from an eligit	nt at an eligible financial institution <b>and</b> I am unable ole financial institution to this effect.
I request that	ISU consider an exemption for the reas	ons set forth in the attached letter.
Employee Acknowledge	ment	
employee's designated pay		ill be mailed by the ISU Payroll Office on the by paper check shall be required to provide a esources.
	ng a paper check and hereby submit r	of the referenced Direct Deposit Policy, understand the ny request for exemption for the reason stated above
Signature of Employee		Date
Section II (to be complet	ed by ISU Payroll Office)	
Reviewed By (Name and Ti	tle of Payroll staff reviewing request)	Date
		Phone
Mail form to the ISU Pay	roll Office: Stop 8219 Pocatello, ID 8	3209 or Fax to 208-282-4725
Section III (to be comple	ted by the ISU Payroll Office)	
Date Received	Request Approved	Request Denied
Signature		Date