

**STATE OF VERMONT  
EMPLOYEE REQUEST FOR DIRECT DEPOSIT**

I hereby request the following action and authorize the Commissioner of Human Resources to process my direct deposit every pay period. The request will become effective with the second pay day following receipt of the direct deposit authorization by the Payroll Division and will remain in effect until such time as I become ineligible or notify you in writing to cancel my direct deposit.

<b>EMPLOYEE NAME</b>	
PRINT CLEARLY (Last, First, Middle Initial):	
<b>EMPLOYEE SIGNATURE:</b>	<b>DATE (MM/DD/YYYY):</b>

<b>EMPLOYEE NUMBER</b>				

**CIRCLE THE TYPE OF ACTION BELOW FOR WHICH YOU ARE REQUESTING DEDUCTIONS**

**A. DIRECT DEPOSIT OF SALARY WITH A FINANCIAL INSTITUTION**

ACTION:  (BEGIN)  (CHANGE)  (CANCEL)

The remittance of credit entries to my account with the financial institution named below for any amounts owing me for salary. I hereby authorize said institution to accept such amounts and to credit my account without responsibility for correctness thereof:

Check one:    **Checking**                       **Savings**

NAME OF BANK: Credit Union of Vermont

ADDRESS OF BANK: 6 South Main Street, Rutland, VT 05701-4152

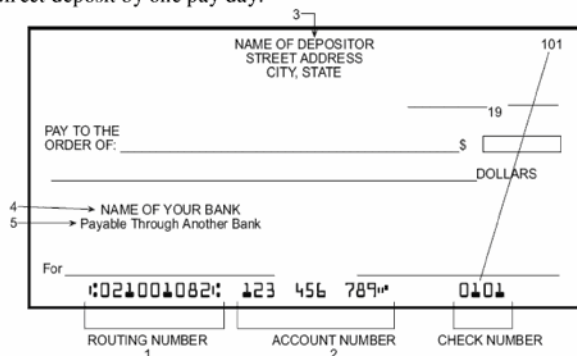
**TRANSIT ROUTING NUMBER**

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**ACCOUNT NUMBER**

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**\*\*Note:** All financial institutions, except the State Employees Credit Union, require pre-notification (test run) before funds are sent. This will delay your direct deposit by one pay day.



1. ROUTNG TRANSIT NUMBER – Here you would put **“021001082”**
2. ACCOUNT NUMBER – Here you would put **“1233456789”**. **Notice we’ve not included the spaces.**
3. ACCOUNT TITLE- Must include the employee name.
4. FINANCIAL INSTITUTION NAME
5. **If your check includes “Payable Through” under the bank name you must contact your bank to obtain the proper Routing Transit Number for Direct Deposit Processing.**

**B. MEMBERSHIP DUES WITH CERTIFIED EMPLOYEE BARGAINING UNIT**

ACTION:  (BEGIN)  (CHANGE)  (CANCEL)

NAME OF BARGANING UNIT: \_\_\_\_\_

\*\*\*\* PLEASE DO NOT FAX THIS FORM \*\*\*\*  
ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED

Other Payroll Deductions may require special forms. Contact the following:  
 Deferred Compensation Plan: Call Payroll @ (802) 828-2314  
 Federal & State Tax Forms: Call Payroll @ (802) 828-2314  
 Life Insurance Coverage: Call Benefits @ (802) 828-0648  
 Medical Insurance Plans: Contact your Department Human Resources Officer  
 U.S Savings Bonds: Call Payroll @ (802) 828-2314  
 VT State Employees Association: Call (802) 223-5247  
 Credit Union of Vermont: Call (802) 773-0027

<b>MAIL FORM TO:</b> Department of Human Resources Payroll Division 110 State Street, Drawer 20 Montpelier, VT 05620-3001
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\*\*\* If you need assistance to prepare this form call Payroll Division (802) 828-2314