

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.

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|--|--------------------|
| EMPLOYEE NAME | |
| PRINT CLEARLY (Last, First, Middle Initial): | |
| EMPLOYEE SIGNATURE: | DATE (MM/DD/YYYY): |

| | | | | |
|------------------------|--|--|--|--|
| EMPLOYEE NUMBER | | | | |
| | | | | |

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: _____

ADDRESS OF BANK: _____

TRANSIT ROUTING NUMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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. **ROUTING 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.

The diagram shows a check with the following labels and fields:

- 3**: NAME OF DEPOSITOR, STREET ADDRESS, CITY, STATE
- 19**: PAY TO THE ORDER OF: _____ \$ _____
- DOLLARS**: _____
- 4**: NAME OF YOUR BANK
- 5**: Payable Through Another Bank
- For**: _____
- 1**: ROUTING NUMBER (021001082)
- 2**: ACCOUNT NUMBER (123 456 789)
- CHECK NUMBER**: (010)

This form can be faxed to payroll or send in the mail:

Fax to: 802-828-2412
backup fax number: 802-828-2435

If faxing do not send paperwork to payroll

Note you can confirm payroll receipt of this fax by running an activity report on your fax.

MAIL FORM TO:

**Department of Finance & Management
Payroll Division
110 State Street,
Montpelier, VT 05620-3001**