

**STATE OF VERMONT
EMPLOYEE REQUEST FOR PAYROLL DEDUCTION
VERMONT STATE EMPLOYEE'S CREDIT UNION**

PRINT NAME: _____

LAST

FIRST

MIDDLE

EMPLOYEE NUMBER
OR SSN

CREDIT UNION
MEMBER NUMBER

\$	
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\$	
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CURRENT AMOUNT BEING
DEDUCTED (refer to pay stub)

NEW AMOUNT TO BE
DEDUCTED

INSTRUCTIONS: If you are a State Employee you may be eligible for membership in the Vermont State Employees' Credit Union. This form must be completed in full and either mailed or delivered to the office of the Credit Union to initiate a deduction from wages. (Deductions may take two pay periods before taking effect.)

MAIL TO:
VSECU
PO Box 67
One Bailey Avenue
Montpelier, VT 05601-0067

_____ I hereby request that the amount designated above be withheld Bi-Weekly from my pay until further notice and that said amount be paid to the Vermont State Employees' Credit Union on my behalf.

_____ I hereby request that all deductions from my Bi-Weekly pay for the purpose of the Credit Union be stopped. (I understand that, this form does not authorize to stop my direct deposit)

_____ Date

_____ Signature of State Employee required

_____ VSECU:
Approved by

_____ DATE:
send to payroll

_____ VSECU Stamp