



**STATE OF VERMONT  
EMPLOYEE REQUEST FOR PAYROLL DEDUCTION  
VSECU**

*Please print legibly or complete electronically.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Employee Number: \_\_\_\_\_

**Complete this section for new deductions or changes to existing deductions:**

Current Amount: \_\_\_\_\_ New Amount: \_\_\_\_\_

By completing this form and signing below, I hereby request that the amount designated above be withheld from my pay until further notice. I understand that new deductions will be paid to my savings account unless I contact VSECU.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this section to stop an existing deduction:**

Check here to STOP an existing deduction.

By signing below, I hereby request that all deductions from my pay for the purpose of VSECU be stopped. I understand that this form does not stop my net pay direct deposit and to change my direct deposit I must complete and submit the State's Direct Deposit Request Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed forms to:**  
 Email: [VISION-Payroll@state.vt.us](mailto:VISION-Payroll@state.vt.us)  
 FAX: 802-828-2412 or 802-828-2435  
 Mail: 109 State St  
 Attn: Payroll Dept., 3<sup>rd</sup> floor  
 Montpelier, VT 05609