



VERMONT COLLEGE OF FINE ARTS

100 College Street
Rutland, VT 05701
802.253.2000
www.vermontcollege.edu

Direct Deposit Agreement for Employee:

Date:

Authorization Agreement

I hereby authorize Vermont College of Fine Arts to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize Vermont College of Fine Arts to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Vermont College of Fine Arts responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Vermont College of Fine Arts receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit from to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____

Deposit Amount \$: _____ or Entire Net Pay (circle if applicable)

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Routing Number: _____ Checking Savings

Account Number: _____

Deposit Amount \$: _____ or Entire Net Pay (circle if applicable)

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____

Deposit Amount \$: _____ or Entire Net Pay (circle if applicable)

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.