



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 801-366-7720 or 800-688-4015
 Fax 801-366-7445 or 800-753-7445
 Email: dclplans@urs.org
 www.urs.org

URS Savings Plans Direct Deposit for One-Time Payments

- INSTRUCTIONS:**
1. Use this form for a direct deposit of one-time payments from your Utah Retirement Systems (URS) Savings Plans (401(k), 457, IRAs).
 2. Attach a voided check if you have not submitted a request before or if you are submitting a new bank account.
 3. **If the direct deposit is rejected for any reason, the payment will be mailed to your address of record.**

SECTION A - MEMBER INFORMATION	
Name (First, Middle, Last)	Social Security Number or Account Number
Mailing Address	Daytime Phone Number ()
City	State Zip

SECTION B - DIRECT DEPOSIT INFORMATION
Type of Request:
<input type="checkbox"/> New Bank Account Information - If you have never requested a <i>URS Savings Plans Direct Deposit For One-Time Payments</i> or if you are submitting a new bank account, you must attach a voided check in Section C.
<input type="checkbox"/> Existing Bank Account Information - Use this option if you have previously requested a <i>URS Savings Plans Direct Deposit For One-Time Payments</i> . Please verify your account by completing the bank account information below.
<input type="checkbox"/> Use Existing Defined Benefit (Pension) Bank Account - Use this option if you are a retired member and would like your savings plan payment sent to the same bank account as your monthly defined benefit (pension) payment.

Bank or Credit Union Name (If this is your first request or if you are submitting a new bank account, a voided check must accompany this form.)

Bank Account Number

Bank Account Type: Checking (tape voided check below) Savings (tape pre-printed deposit slip below)

Other official bank documentation (i.e., bank statement, letter from bank) verifying the name of the bank account owner and bank account number are acceptable.

SECTION C - AUTHORIZATION

I authorize and request URS to initiate and make credit entries to my bank or credit union account named in Section B without responsibility for correctness. I authorize and request the bank listed above to accept any credit entries by URS to such account and to credit the same to such account.

I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize representatives of URS to verify any or all of the information submitted. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability, and URS may exercise its rights against me if damaged by false or misleading information submitted by me.

Member's Signature _____ Date _____

John Doe
 123 Street
 City, State 12345

Date: _____ 101

Pay to the order of _____ \$

**Tape your voided check here.
 (Use a preprinted deposit slip for savings accounts.)**

Dollars

For: _____

VOID

⑆ 123040000 ⑆ ⑆ 001 1234567 ⑆ ⑆

Routing # Account #