



**Utah Retirement Systems**

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Salt Lake City, UT 84110-1590  
801-366-7720 | 800-688-4015

[www.urs.org](http://www.urs.org) **Submit Online:** [www.urs.org/us/messagecenter](http://www.urs.org/us/messagecenter)

# Savings Plans Direct Deposit for One-Time Payments

- INSTRUCTIONS:
1. Use this form for a direct deposit of one-time payments from your URS Savings Plans (401(k), 457(b), IRAs).
  2. Attach a voided check in Section B if you have not submitted a request before or if you are submitting a new bank account.
  3. An update to your address or bank account (ACH) information will delay your payment for an additional 14 days.
  4. Original form is required unless sending through the myURS Message Center.
  5. 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 # or Account #

SECTION B » DIRECT DEPOSIT INFORMATION
Type of Request:
<input type="checkbox"/> New Bank Account Information - If you have never requested a <i>Savings Plans Direct Deposit For One-Time Payments</i> or if you are submitting a new bank account, you must attach a voided check or official bank documentation below. *
<input type="checkbox"/> Existing Bank Account Information - Use this option if you have previously requested a <i>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 you are submitting new bank account information, a voided check or official bank documentation* must accompany this form.)
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Bank Account Number
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Bank Routing Number
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Bank Account Type: <input type="checkbox"/> Checking (tape voided check below*) <input type="checkbox"/> Savings (tape pre-printed deposit slip below*)
*Official bank documentation showing the name of the bank account owner, the bank routing number, and the full bank account number will be accepted.

John Doe 123 Street City, State 12345	Date: _____ 101
Pay to the order of _____ \$ <input type="text"/>	
Tape your voided check here. (Use a pre-printed deposit slip for savings accounts.)	
Dollars	
VOID	
For: _____	
I: <input type="text" value="123040000"/> I: <input type="text" value="001 1234567"/>	
Routing # Account #	

SECTION C » MEMBER AUTHORIZATION	
By signing below, I:	
<ul style="list-style-type: none"> <li>· Authorize and request URS to initiate and make credit entries to the bank or credit union account named in Section B without responsibility for correctness;</li> <li>· 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;</li> <li>· Certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge;</li> <li>· Authorize representatives of URS to verify any or all of the information submitted;</li> <li>· 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.</li> </ul>	
Signature	Date