



Utah Retirement Systems
 560 East 200 South, Suite 240
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 801-366-7770 or 800-695-4877
 FAX 801-366-7733

DIRECT DEPOSIT AUTHORIZATION

- INSTRUCTIONS:**
1. Please type or print clearly in black ink.
 2. Section A and B must be completed.
 3. Sign and return to the Retirement Office.

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

Check Box if this a new address

SECTION B - DIRECT DEPOSIT INFORMATION
<p>If you are completing this form as a Power of Attorney agent or guardian for the retiree or retiree's spouse, please attach a copy of the Power of Attorney or Guardianship papers.</p> <p>When Utah Retirement Systems (URS) processes your direct deposit, your last payment information will be available online at www.urs.org under myURS. If your mailing address changes, you may update your address by logging into your account at www.urs.org or you may request a form by contacting our office.</p> <p>Type of Change Requested (Mark all boxes that apply.)</p> <p><input type="checkbox"/> Start (Also complete and sign Authorization below.)</p> <p><input type="checkbox"/> Stop (Also complete and sign Authorization below.)</p> <p><input type="checkbox"/> Change (Also complete and sign Authorization below.)</p>

Bank or Credit Union Name (A voided check must accompany this form.)	Account Number
Mailing Address	Bank or Credit Union Phone Number
City, State, Zip	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

SECTION C - AUTHORIZATION	
<p>I authorize URS to initiate credit entries to my bank or credit union account named in Section B in the amount of retirement benefits owed to me. I also authorize and request URS to accept and make such credit entries to my account without responsibility for correctness.</p> <p>I understand that it could take 30 to 60 days to initiate the direct deposit procedure. I also understand that if I receive both a monthly retirement benefit (pension) and a deferred compensation benefit, both payments must be sent to the same place. This agreement may be terminated by me at any time by written notification to the Retirement Office.</p>	
Member's Signature	Date

**If you indicated
 "checking account" in Section B above,
 tape voided check here**

(Deposit slips accepted for Savings Accounts only.)