



UTA DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Utah Transit Authority and the financial institution shown to deposit my Pension check directly to my account each month. This authorization will remain in effect until I file a new Authorization form.

Social Security Number

Name (**Please Print**)

Date

Signature

(ATTACH YOUR VOIDED CHECK COPY HERE)

Name of Financial Institution

Bank Account

Bank Route

Checking or
Savings Amt.

UTAH TRANSIT AUTHORITY

669 WEST 200 SOUTH, SALT LAKE CITY, UTAH 84101 TEL. 801.262.5626 www.rideuta.com