UTP Productions Direct Deposit Application

EMPLOYEE NAME: _____ _____ _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

LOCAL UNION #: _____

BANK NAME: _____

CIRCLE ONE: CHECKING OR SAVINGS

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

EMAIL ADDRESS: Required to receive an emailed copy your check stub

- **Currently only gmail email addresses work with our emailed paystub system**

_____

SIGNED BY: _____ DATE: _____

Phone #: _____

It is advised that you contact your bank to verify your account number and bank routing number for purposes of direct deposit.

Fax form to: (801) 328-1307 or email to: forms@utpgroup.com.