



# UTP Productions Direct Deposit Application

EMPLOYEE NAME: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LOCAL UNION #: 927

**BANK NAME:** \_\_\_\_\_

CHECK 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](mailto:forms@utpgroup.com).**