

**CONNECTICUT CARPENTERS PENSION FUND
DIRECT DEPOSIT AUTHORIZATION**

FOR USE ONLY BY PENSIONERS WHOSE FINANCIAL INSTITUTION IS A MEMBER OF AN
AUTOMATED CLEARING HOUSE (ACH).

PARTICIPANT'S NAME: _____ SOCIAL SECURITY # _____

ENROLLMENT AND CHANGES

CHECK ONE: _____ DIRECT DEPOSIT ENROLLMENT
 _____ CHANGE OF DIRECT DEPOSIT ENROLLMENT

REGARDLESS OF WHICH ONE CHECKED, PROVIDE ALL OF THE FOLLOWING
INFORMATION:

BANK ACCOUNT NUMBER _____

BANK NAME _____

BANK MAILING ADDRESS _____

CHECK ONE: _____ CHECKING ACCOUNT - PLEASE ATTACH A VOIDED CHECK TO
THIS FORM WHICH WILL SHOW YOUR BANK OR CREDIT
UNION'S TRANSIT ROUTING #

_____ SAVINGS ACCOUNT - CONTACT YOUR BANK OR CREDIT UNION
FOR THEIR TRANSIT ROUTING #. PLEASE SUPPLY THIS
INFORMATION BELOW:

*****ALL ABOVE INFORMATION MUST BE APPROVED BY YOUR BANK REPRESENTATIVE.
PLEASE HAVE THEM SIGN HERE. YOUR DIRECT DEPOSIT WILL NOT BE STARTED
UNLESS THIS DONE. BANK REPRESENTATIVES SIGNATURE:**

*****NOTE: 1099R TAX FORMS WILL BE RECEIVED DIRECTLY FROM FLEET FOR ANY
PAYMENTS RECEIVED ON DIRECT DEPOSIT.**

I HEREBY REQUEST THAT UNTIL FURTHER WRITTEN NOTICE IS RECEIVED FROM ME,
ALL PENSION PAYMENTS BE DIRECTLY DEPOSITED IN MY ACCOUNT AT THE BANK
DESIGNATED ABOVE. I AGREE THAT THE DIRECT DEPOSIT ARRANGEMENT
TERMINATES IN THE EVENT OF MY DEATH AND THAT ANY BENEFIT PAYMENTS
DIRECTLY DEPOSITED AFTER THE DATE OF MY DEATH WILL BE RETURNED. I
AUTHORIZE THE BANK DESIGNATED TO REFUND ANY OVER PAYMENT TO FLEET BANK
AND TO CHANGE MY ACCOUNT NUMBER.

SIGNATURE: _____ DATE: _____

ADDRESS: _____
