

**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 NAME: _____ SOCIAL SECURITY# _____

I. ENROLLMENT AND CHANGES

- CHECK ONE: A. _____ DIRECT DEPOSIT ENROLLMENT
 B. _____ CHANGE OF DIRECT DEPOSIT INFORMATION
 C. _____ REMOVAL FROM DIRECT DEPOSIT

IF YOU CHECKED A OR B ABOVE, PLEASE COMPLETE SECTION II

II. 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 NUMBER.

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

*****NOTE:** 1099 R TAX FORMS WILL BE ISSUED DIRECTLY FROM BANK OF AMERICA FOR ANY PAYMENTS RECEIVED ON DIRECT DEPOSIT. THE FUND OFFICE WILL ISSUE 1099'S FOR PAYMENTS ISSUED DIRECTLY FROM THE FUND OFFICE.

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 OVERPAYMENT TO BANK OF AMERICA AND TO CHARGE MY ACCOUNT NUMBER.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____