

**NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND**

**DIRECT DEPOSIT AUTHORIZATION**

PARTICIPANT NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

**I. ENROLLMENT 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 ROUTING NUMBER** \_\_\_\_\_

**BANK ACCOUNT NUMBER** \_\_\_\_\_

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

**BANK MAILING ADDRESS** \_\_\_\_\_

CHECK ONE:

\_\_\_\_\_ CHECKING ACCOUNT - **PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

\_\_\_\_\_ SAVINGS ACCOUNT - **PLEASE ATTACH A DEPOSIT SLIP TO THIS FORM.**

**\*\*\*NOTE: 1099 TAX FORMS WILL BE ISSUED DIRECTLY FROM BANK OF AMERICA FOR ANY PAYMENTS RECEIVED ON DIRECT DEPOSIT. IN JANUARY, 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 SHALL 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: \_\_\_\_\_