

**AUTHORIZATION FOR DIRECT DEPOSIT/  
VERIFICATION OF ACCOUNT INFORMATION**  
CARPENTERS' PENSION TRUST FUND OF ST. LOUIS



**Please Note: A form must be completed for each Pension Benefit**

Plan:  Outside  Shops Appendix  
Benefit Type:  Early  Normal  Disability  Supplemental

Member's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**TO THE TRUSTEES OF THE CARPENTERS' PENSION TRUST FUND OF ST. LOUIS:**

I hereby request that all pension benefits payable to me be issued by Direct Deposit to the following account via Automated Clearing House (ACH):

**1. ACCOUNT INFORMATION (Select one):**

**CHECKING OR MONEY MARKET ACCOUNT**  
Please complete the Account Information section below and attach a voided, pre-printed check for verification.

**SAVINGS ACCOUNT**  
Please complete the Account Information section below. This should be taken directly from your monthly bank statement, not a Savings Deposit Ticket. You will need to contact your Financial Institution for the Transit Routing number.

ACCOUNT INFORMATION	
Financial Institution Name:	City and State of Institution:
Transit Routing Number:	Bank Account Number:

**2. AUTHORIZATION/SIGNATURE:**

**By my signature below, I authorize this transaction and attest to all of the following:**

- a) The above information is correct and the Member referenced above is a primary or joint owner of the account.
- b) I understand that the Pension Fund Trustees have discretion, now and in the future, whether to comply with this request.
- c) I understand that I may cancel this authorization for Direct Deposit by written notice to the Fund and then authorize Direct Deposit to another account.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_  
Member's Social Security #

***Please return this completed form to the Pension Office. Direct Deposit of your pension benefit will become effective in the first available cycle following completion of the processing of your authorization.***