



RHODE ISLAND CARPENTERS BENEFIT FUNDS

Direct Deposit

The BEST way to receive your Pension Benefit

And here's why...

Direct deposit is *safe* because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is *fast* because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is *easy* because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit. It will take the Fund Office about 45 days after it receives your authorization to set up the procedure with your bank. You will be notified by mail each month that your check is electronically deposited. Please be assured there will be no interruption in your monthly benefit and there is no cost to you.

Rhode Island Carpenters' Pension Fund

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section.

Routing No. ☐☐☐☐☐☐☐☐☐☐ Account No. _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

If you are receiving this pension benefit as a Beneficiary (e.g. a widow) of a Participant in the pension fund, please write the name and social security number of that Participant below:

Participant: _____ Social Security No. _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Signature _____

Date _____

RUFUS MAPLE
MARY MAPLE
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$

ANYPLACE BANK
Anyplace, LA 70000

For _____

Routing number (line 23b) Account number (line 23d)

1: 250250025 202020 86 1234

1234
15-000000000

Do not include the check number

Note: The routing and account numbers may be in different places on your check.