

# GREATER PENNSYLVANIA CARPENTERS' PENSION FUND

## EMPLOYEE TRUSTEES

WILLIAM R. WATERKOTTE  
CHAIRMAN  
MICHAEL SCOTT BREWER  
DONALD J. MADEJA  
LEE J. MANGES  
RICHARD D. MUSKO  
PAUL A. SIMPSON, III  
RICHARD M. TOMLINSON  
MICHAEL P. WELSH

ADMINISTRATIVE OFFICE:

## CARPENTERS' COMBINED FUNDS, INC.

James R. Klein, Administrator  
650 RIDGE ROAD – SUITE 300  
PITTSBURGH, PENNSYLVANIA 15205-9503  
PHONE (412) 922-5330  
FACSIMILE: (412) 922-3420  
<http://carpenterscombinedfunds.org>

## EMPLOYER TRUSTEES

JACK W. RAMAGE  
SECRETARY-TREASURER  
EUGENE B. BROWN  
ROBERT BUECHEL  
RONALD P. DEMAY  
DOMENIC P. DOZZI  
ROBERT F. LEAHEY  
JOHN PANZITTA  
GLENN A. SIEBER  
KENNETH WOLF

The next page is an Authorization Form for the direct deposit of your monthly pension check. If you wish to have your check sent directly to the bank please complete the form and **ATTACH A VOIDED CHECK IF YOUR CHECK IS GOING INTO A CHECKING ACCOUNT OR A DEPOSIT SLIP IF IT IS GOING INTO A SAVINGS ACCOUNT.**

**WE WILL NOT BE ABLE TO PROCESS YOUR REQUEST IF WE DO NOT HAVE A VOIDED CHECK FOR YOUR CHECKING ACCOUNT OR A DEPOSIT SLIP FOR YOUR SAVINGS ACCOUNT.**

After we receive the completed form, it will take a minimum of thirty days to process and test the transaction. **SO YOUR NEXT CHECK WILL BE SENT TO THE BANK IN THE MAIL. PLEASE ALLOW EXTRA TIME THE FIRST MONTH SINCE THE CHECK WILL BE MAILED TO THE BANK.** By the following month, your electronic deposit should be activated. Electronic deposits are deposited the **FIRST BUSINESS DAY** of the month. **DO NOT WRITE ANY CHECKS AGAINST YOUR ACCOUNT WITHOUT FIRST VERIFYING THAT YOUR DEPOSIT HAS BEEN RECORDED.**

Please do not hesitate to contact the Fund Office should you have questions on this matter.

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### AUTHORIZATION FORM FOR DIRECT DEPOSIT OF MONTHLY PENSION CHECK

Member's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### BANK INFORMATION

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### TYPE OF ACCOUNT

- CHECKING (ATTACH VOIDED CHECK)  
 SAVINGS (ATTACH DEPOSIT SLIP)

#### OWNERSHIP OF ACCOUNT

- SELF  
 SPOUSE  
 SELF AND SPOUSE

I hereby authorize my monthly pension check to be deposited directly into the above bank account. I understand that the first check will be mailed to the bank and that I need to verify the deposit before I access my account.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_