

# GREATER PENNSYLVANIA CARPENTERS' PENSION FUND

**EMPLOYEE TRUSTEES**  
WILLIAM R. WATERKOTTE  
CHAIRMAN  
THOMAS A. BENDER  
DONALD J. MADEJA  
LEE J. MANGES  
DOUGLAS R. MARTIN  
JOEL L. NIECGORSKI  
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

**Please complete the enclosed authorization form for direct deposit of your monthly pension benefit. Your monthly check will be deposited on the FIRST BUSINESS day of each month.**

**If your deposit will be going into a checking account, attach a voided check so that we have the routing number and account number. If your deposit will be going into a savings account, please provide us with a verification on bank letterhead giving us the routing number and account number. Also, the bank verification letter MUST BE SIGNED BY YOU.**

**After we receive the completed form, it will take a minimum of thirty days to process and test the transaction SO YOUR NEXT CHECK MAY BE SENT TO THE BANK IN THE MAIL. PLEASE ALLOW EXTRA TIME FOR THE FIRST MONTH SINCE THE CHECK MAY BE MAILED TO THE BANK. By the following month, your electronic deposit should be activated. 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 question on this matter.**

**GREATER PENNSYLVANIA CARPENTER'S  
PENSION FUND**

**442018**

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**AUTHORIZATION FORM FOR DIRECT DEPOSIT OF MONTHLY PENSION CHECK**  
**THIS ENTIRE FORM MUST BE FILLED OUT OR IT WILL BE RETURNED TO YOU !!!!!**

**MEMBER'S NAME** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**BANK INFORMATION MUST BE COMPLETED!!!!**

**NAME OF BANK** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

<b>TYPE OF ACCOUNT</b>	<b>OWNERSHIP OF ACCOUNT</b>
<input type="checkbox"/> CHECKING (ATTACH VOIDED CHECK)	<input type="checkbox"/> SELF
<input type="checkbox"/> SAVINGS (ATTACH BANK VERTIFICATION WHICH MUST INCLUDE YOUR SIGNATURE)	<input type="checkbox"/> SPOUSE
	<input type="checkbox"/> SELF AND SPOUSE/OTHER

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

**MEMBER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

