



North Atlantic States Carpenters
Annuity Fund

Connecticut Office
10 Broadway
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Phone: 203-281-5511
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Rhode Island Office
14 Jefferson Park Road
Warwick, RI 02888
www.RICBF.org
Phone: 401-467-6813
Fax: 401-467-6816

New York Office
270 Motor Parkway
Hauppauge, NY 11788-5150
www.nrccf.org
Phone: 631-952-9700 Option 5
Fax: 631-952-9813

NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND

Phone: 631-952-9700 Fax: 631-952-9813

DIRECT DEPOSIT FORM

Participant's Name: _____

Participant's Address: Street _____

City _____ State _____ Zip _____

Social Security #: _____ Telephone #: (_____) _____

Participant's Signature _____

Please Read: I hereby make the following requests and authorizations relating to my benefit payments from the employee benefit Plan above. (1) I request and authorize the Plan to initiate credit entries to the Account indicated below; (2) I request and authorize the Plan to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial institution named below to credit and/or debit any such entries to the Account.

I understand that the direct deposit of my benefits will ordinarily begin within approximately 30 days of the Plan's receipt of this form. The Plan and its agents and service providers will not be responsible for errors or delays resulting from inaccurate or incomplete information on this form. The authority granted by me on this form is to remain in full force and effect until the Plan has received written notification of its termination in such time and in such manner as to afford the Plan and my Financial Institution a reasonable opportunity to act on it. I hereby discharge the Plan and its agents and service providers from all liability whatsoever for any actions taken by you with the above request and authorization.

TO BE COMPLETED BY THE BANK

Please have my monthly Annuity benefit check directly deposited to the banking facility listed below.

Checking Account	
Savings Account	

If directly deposited into your checking account, please provide a voided check for accuracy.

Name of Banking Facility: _____

Bank Street Address: _____

City: _____ State: _____ Zip: _____

Routing or ABA Number: _____

Account Number: _____

Name (PRINT) of Bank Officer: _____

Bank Phone Number: (_____) _____ Date: _____