

# GREATER PENNSYLVANIA CARPENTERS' PENSION FUND

**EMPLOYEE TRUSTEES**

WILLIAM C. SPROULE  
CHAIRMAN  
DONALD J. MADEJA  
LEE J. MANGES  
DOUGLAS R. MARTIN  
JOEL L. NIECGORSKI  
STEVEN N. SCHRECENGOST  
PAUL A. SIMPSON, III  
RICHARD M. TOMLINSON  
WILLIAM R. WATERKOTTE

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**

DAVID D. DAQUELENTE  
SECRETARY-TREASURER  
EUGENE B. BROWN  
ROBERT BUECHEL  
ROBERT M. CANE, II  
DOMENIC P. DOZZI  
ROBERT F. LEAHEY  
JOHN PANZITTA  
JOHN SABATOS  
GLENN A. SIEBER

**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: \_\_\_\_\_

## TYPE OF ACCOUNT

- CHECKING (Attach VOIDED Check)  
 SAVINGS (Attach BANK VERIFICATION which  
MUST Include Your Signature)

## OWNERSHIP OF ACCOUNT

- SELF  
 SPOUSE  
 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: \_\_\_\_\_