

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
RONALD P. DEMAY
DOMENIC P. DOZZI
ROBERT F. LEAHEY
JOHN PANZITTA
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

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: _____