North Atlantic States Carpenters Pension Fund North Atlantic States Carpenters Guaranteed Annuity Fund Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Name:______ Social Security Number:_____

Telephone: () E-Mail A Address: Street City: State:	
Check if Address Change ()	
Please elect the benefit you would like to update your EFT information for: () Pension Fund () Guaranteed Annuity Fund	
Bank Name:	Location:
Bank Transit Routing Number:	
Bank Account Number:	
Please Elect Account Type: () Checking Account (attach voided check) () Savings Account (attach a bank issued memo with routing and account information with your signature)	
It is understood that this agreement may be terminated by me at any time by written notification to this Fund. Any such notification to this Fund shall be effective only with respect to entries initiated by this Fund after receipt of such notification and a reasonable opportunity to act on it. A new form must be completed when account information changes.	
Retiree's Signature	Date
Joint Account Holder's Signature	Date
Attach Voided Check Here:	
Jane Doe 123 Main St Anywhere US 10111 PAY TO THE ORDER OF Your Bank 456 Main St Anywhere US 11.11 MEMO	790 Date\$

Please return this completed form to: NASCPF

350 Fordham Road or 10 Broadway Wilmington, MA 01887

1:1234567891: 1001001239# 0790

Hamden, CT 06518