



Carpenters Pension Fund of Illinois

28 North First Street, Suite 201, Geneva, IL 60134-2285
Toll Free: 800-448-5825 Office: 630-232-7166 Fax: 630-845-1137
Website: www.iebcfunds.org

Direct Deposit Authorization

Instructions: You must attach a copy of a voided check to your Direct Deposit Authorization. Both you and a representative from your financial institution must complete this authorization. Please be advised that your first benefit check may be sent directly to your home address and your financial institution will receive a pre-certification form. This is to ensure that your future monthly payments will be properly transferred to your account at your financial institution. Each monthly payment thereafter will be direct deposited into your account.

PART A – PARTICIPANT INFORMATION

Name _____ Soc. Sec. No. _____

Address _____

Telephone No. (_____) _____

I authorize the Fund Office to deposit my monthly Pension benefit payment directly into my account as follows:

Participant Signature _____ Date _____

Email Address _____

PART B – ACCOUNT INFORMATION

Name of Financial Institution _____

Branch Address _____

Branch Telephone No. (_____) _____

Account No. _____ Checking Savings

Routing No.

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PART C – FINANCIAL INSTITUTION AGREEMENT

We have noted the above authorization and agree to refund any benefit payments received by this institution to which the participant is not entitled by reason of death. We further agree to notify the Fund Office of the participant's death as soon as possible.

Signature of Representative _____ Date _____

Title of Representative _____