

Southwest Ohio Regional Council of Carpenters Pension Plan
33 Fitch Blvd Austintown, OH 44515

DIRECT DEPOSIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize direct deposit of my pension check from the Southwest Ohio Regional Council of Carpenters Pension Fund to the following bank account:

Checking Account No. _____
(Attach copy of voided check)

Savings Account No. _____

Bank Name _____

City _____ State _____ Zip _____

Transit/ABA No. _____

This authority is to remain in full force and effect until written notification from me of it termination.

Name (please print) _____

Social Security No. _____

Signature _____ Date _____