

Carpenters Retirement Plan of Western Washington
Carpenters of Western Washington Individual Account Pension Plan
PO Box 1929 Seattle, WA 98111-1929

Application For Direct Deposit

How To Apply For Direct Deposit

- You **must** complete Section 1 and your bank representative **must** complete Section 2.
- You **must** return the completed form to the Trust Office. The Retirement Department fax number is: (206) 267-0652.
- You **must** include a cancelled or voided check with this form.
- If this form is received before the 20th of the month, your next payment will be direct deposited as instructed below.

Section 1 – Retiree or Beneficiary

Pensioner's name _____ Member ID # or SSN _____

Street address _____

City _____ State _____ Zip _____

Is this a new mailing address? Yes No Telephone () _____

I request that all monthly payments under the Carpenters Retirement Plan of Western Washington be made to the bank account designated on this form. If any payment is made for which I am not entitled under this plan, I authorize and direct the bank to refund any such payment(s) to the Carpenters Retirement Trust of Western Washington.

Recipient's signature _____ Date _____

Section 2 – Bank Representative

Name of Bank _____ Telephone () _____

Street address _____

City _____ State _____ Zip _____

Type of Account Checking Savings

Routing # _____ Account # _____

I confirm the identity of the above-named person and this person's account number. If any payment is made for which this person is not entitled under the Carpenters Retirement Plan of Western Washington, this institution will refund the plan if sufficient funds are available.

Bank representative's name (please print) _____

Signature _____ Date _____

Please Include A Canceled or Voided Check With Your Election Form