



EASTERN ATLANTIC STATES

CARPENTERS BENEFIT FUNDS

WWW.CARPENTERS.FUND

New Jersey Office: 91 Fieldcrest Ave. Suite A25,
Edison, NJ 08837
(732) 417-3900

Philadelphia Office: 1811 Spring Garden St.
Philadelphia, PA 19130
(215) 568-0430

Direct Deposit Form

Participant Name: _____ Ubc # or Last 4 of SSN: _____

Direct Deposit all payments from the following Funds

Vacation

Pension

Annuity

Account Information

Name of Financial Institution: _____

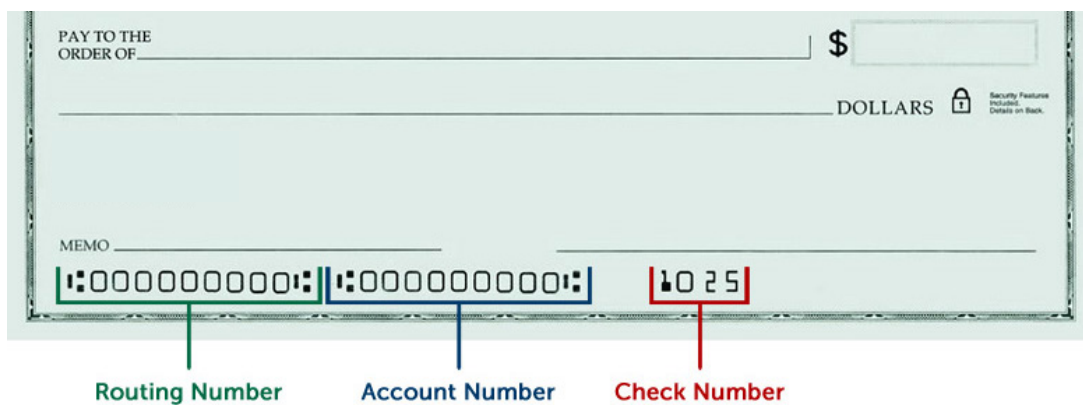
Routing Number: _____

Account Number: _____

Checking

Savings

Please include a voided check or bank letter with completed form



Authorization Agreement

I hereby authorize the Eastern Atlantic States Carpenters Health Fund ("EASCHF"), and/or the Eastern Atlantic States Carpenters Pension Fund ("EASCPF"), and/or the Eastern Atlantic States Carpenters Annuity Fund ("EASCAF") to initiate automatic deposits to my account at the financial institution named above. I also authorize the EASCHF, EASCPF, and/or EASCAF to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold the EASCHF, EASCPF, and/or EASCAF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the EASCHF, EASCPF, and/or EASCAF receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the EASCHF, EASCPF, and/or EASCAF.

Authorized Signature: _____ Date: _____