

New York City District Council of Carpenters Pension
Fund Organization ID Number: 113692780

DIRECT DEPOSIT FORM

Attn: Pension Department
395 Hudson Street, 9th Fl New York, NY 10014
Email: Pension @ nyccbf.org
Phone: 212-366-7373

Instructions:

1. Please complete Sections 1 - 3 (read, sign, date).
2. **Include required proof of bank account information (Ex. Voided Check, Bank Letter).**
3. Return this form to the Retirement Services Department via mail or email as noted above.
4. Please ensure your current account remains open until your payment has been successfully deposited into your new account.
5. If submitting via email, it must be an email account capable of receiving replies.

Section 1 - Account Holder Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
UBC or SSN	Cell Phone Number	E-Mail Address

Section 2 - Bank Information

<input type="text"/>	<input type="text"/>	
Bank Name	Routing Number	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking
Account Number		<input type="checkbox"/> Savings
You must provide one of the following to confirm your bank account information:		
1. A blank and unsigned check with your name pre-printed on it that has been voided (starter checks are not acceptable); or		
2. A bank letter showing your name and bank details including account number, routing number and must be on the bank letterhead.		
		<input type="checkbox"/> rapid! PayCard

Section 3 - Pensioner Statement and Signature

I request that all pension payments due to me under the New York City District Council of Carpenters Pension Fund "Pension Fund" be sent to the financial institution named above for credit to my account. If I request to use rapid! Pay Card to receive my pension payments, I understand that the Pension Fund will provide Rapid! pay card with the necessary information needed to establish a payment account. I hereby authorize and direct the financial institution, on behalf of myself and my estate, to debit my account for amounts paid by the Pension Funds to which I was not entitled. I also agree, on behalf of myself and my estate, that such amounts will be returned to the Pension Fund. I understand that the Pension Fund has no liability or financial responsibility for loss due to erroneous or misleading information supplied by me, my duly authorized representative or financial institution.

I acknowledge and understand that payments made pursuant to this request will remain in effect until I notify the Pension Fund in writing that I wish to terminate the agreement, I am reported as deceased, or the Pension Fund reserves the right to discontinue or decline to honor this request for any reason and without prior notice.

<input type="text"/>	<input type="text"/>
Participant or Authorized Representative Signature	Date