

**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

Please complete this form and return it to Carpenters Trusts. The address is listed above. The fax number is (206) 267-0652. Please include a voided or cancelled check with this form. Forms received before the 20th of the month will be processed prior to the upcoming monthly payment.

Your Information

Name _____

Social Security number _____

Mailing address _____

Telephone number () _____

Bank Information

Name of bank _____

Routing number _____ Account number _____

Type of account Checking Savings

Signature

I request that all monthly payments from the Carpenters Retirement Plan of Western Washington and all payments from the Carpenters of Western Washington Individual Account Pension Plan be made to the bank account designated on this form.

Signature _____ Date _____