

# Authorization Agreement for Direct Deposit

**Tri-State Carpenters Pension Trust Fund**  
**P. O. Box 1208**  
**Hixson, Tennessee 37343**

I (we) hereby authorize **Tri-State Carpenters Pension Fund** hereinafter called **FUND OFFICE**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** [ ] **Savings** [ ] account indicated below and the **BANK** named below, to credit and/or debit the same to such account.

NAME OF BANK \_\_\_\_\_ BANK TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until the FUND OFFICE has received written notification from me of its termination in such time and in such manner as to afford the FUND OFFICE and BANK a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS NUMBER \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Please attach voided check)

**EXAMPLE :**

BOB JONES		2048
Anywhere, USA	Date _____	
PAY TO THE		
ORDER OF _____	\$ _____	
	_____	DOLLARS
ANY BANK		
ANYWHERE, USA		
FOR _____	_____	
↓	↓	
↑	↑	↑

ROUTING  
NUMBER

CHECK  
NUMBER

ACCOUNT  
NUMBER