

Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund

PO Box 5434
Spokane WA 99205
(509) 328-0300

NOTICE TO RETIREE:

We are pleased to inform you that the Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund is able to offer electronic deposit of monthly pension benefits directly to your bank account.

If you wish to have us transfer your pension benefit electronically, please complete the enclosed form and return it to the Trust office:

Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund
PO Box 5434
Spokane WA 99205-0434

The following rules apply to electronic deposit of pension benefits:

1. At least 30 days written notice is required before automatic deposits can begin, or in the event you change banks and/or accounts.
2. Deposits will be credited to your account at the close of the day on the 1st day of each month, unless the 1st is a holiday or weekend. If the 1st is a holiday or a weekend, the deposit will be made at the close of the day on the first business day of the month. **YOUR MONEY WILL BE AVAILABLE TO YOU ON THE SECOND BUSINESS DAY OF EACH MONTH.**
3. In the event of interruption of communication facilities, errors in transmission, emergency conditions, acts of God, or any similar or dissimilar causes beyond the control of the Bank or the Trust, there may be a delay in deposit to your account.
4. You will not receive a check stub for your monthly benefit, but your bank statement will indicate that the deposit was made.

Please let us know if you have any questions.

PENSION TRUST OFFICE

Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund

111 W. Cataldo – PO Box 5434
Spokane, WA 99205
(509) 328-0300

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS OF PENSION
BENEFIT CHECKS**

I hereby authorize the Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund, hereinafter called PLAN, to initiate credit entries to my account indicated below and the bank named below, hereinafter called BANK, to credit the same to such account.

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

BANK TELEPHONE NO: _____

TRANSIT/ROUTING NO: _____

ACCOUNT NUMBER: _____

CHECKING _____ OR SAVINGS _____ (Check one)

IMPORTANT: ATTACH A VOIDED CHECK FROM YOUR CHECKBOOK

This authority is to remain in full force and effect during my lifetime unless revoked in writing. I understand that thirty (30) days notice, in writing, to the Plan is required if I change banks and/or accounts.

NAME: _____ SS# _____
Please print

MAILING ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____ DATE _____

All deposits made in accordance with the PC/ACH Service Agreement, and the rules of the Automated Clearing House as currently in effect and as amended from time to time.