



**CARPENTERS
SERVICES
ADMINISTRATIVE
CORPORATION**

445 South Figueroa Street
Los Angeles, CA 90071-1602

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csacbenefits.org

AUTHORIZATION FOR ELECTRONIC DEPOSIT

The undersigned hereby authorizes the Western States Carpenters Pension Trust to make credit entries, and *if necessary, to make debit entries as adjustments for any credit in error*, to my bank account indicated below. I also authorize accordingly my bank or the agency named below to credit and/or debit the same to such account.

Enclosed is: (check one)

___ **Checking Account** – attached a voided check

___ **Savings Account** – attached a deposit slip that includes the bank routing number

NAME OF BANK	BRANCH ADDRESS AND TELEPHONE NUMBER
CITY	STATE AND POSTAL CODE
ABA/TRANSIT ROUTING NUMBER	ACCOUNT NUMBER

This authority is to remain in full force and effect until the Western States Carpenters Pension Trust has received written notification from me of its termination in such time and in such manner as to afford the Administrative Office and the Bank or Agency a reasonable opportunity to act on it.

NAME (PLEASE PRINT)	PARTICIPANT ID OR SOCIAL SECURITY NUMBER
DATE	SIGNATURE OF RETIREE OR RECIPIENT
YOUR MAILING ADDRESS	TELEPHONE NUMBER

IMPORTANT: First electronic transfer or deposit on your account will be effective approximately 45 days after your properly completed and signed Authorization for Electronic Deposit form is received.