



Authorization for Direct Deposit

Mid-America Carpenters Regional Council Pension Fund

12 E. Erie St, Chicago, IL 60611

Phone: (314) 644-4802 | Fax: (312) 951-1515 | Email: submit@macbenefits.org

Merger: Pension Direct Deposit

Legacy Fund: KC

With the convenience of direct deposit, your pension payment is automatically transferred to your bank account on the first business day of the month. Allow 30 days for processing of all new authorizations or subsequent changes. *Print clearly using black or blue ink.*

SECTION 1: PARTICIPANT OR BENEFICIARY INFORMATION

Submission of a <u>legible</u> copy of a government-issued photo ID (Driver's License, State ID, etc.) is required .				
Participant or Beneficiary Last Name		Participant or Beneficiary First Name		Participant or Beneficiary Middle Name
Participant Street Address		City		State Zip
Phone Number	Email Address			Last 4 Digits of SSN

SECTION 2: DIRECT DEPOSIT ACCOUNT INFORMATION

Only bank accounts on which the <u>participant named in Section 1</u> is an account holder may be used for direct deposit.		
Account Type: ☐ Checking Account ☐ Savings Account	9-Digit Bank Routing Number	Bank Account Number
Receiving Bank Name		Receiving Bank Phone Number
It is your responsibility to provide the correct routing and account numbers for the direct deposit to be accepted and correctly deposited into your account. Please confirm with your bank and print clearly.		

Joint Bank Accounts: note for future reference that, upon the death of the participant or beneficiary, joint account holders must immediately notify the Fund Office. Funds deposited after the date of death or ineligibility must be returned to the Fund Office immediately. Failure to do so may result in legal action.

If any of your information in Sections 1 or 2 changes in the future, call the Fund Office right away. If your mail is returned to the Fund Office as undeliverable or a payment does not clear your account and is returned to the Fund Office and we cannot reach you, all future mail and payments will be held (without interest) until your information is updated.

SECTION 3: SIGNATURE

I hereby authorize the Mid-America Carpenters Regional Council Pension Fund ("Fund") to issue all payments due to me to the order of the above-named Receiving Bank via direct electronic transfer. If any such payment is made to which I am not entitled, I hereby authorize and direct the Receiving Bank to refund the amount of such payment to the Fund and charge the same to my account. I also attest that I have read and understand all instructional information provided on this Authorization.

X	
Participant or Beneficiary Signature	Date

Submit completed Direct Deposit Form:

- **By mail** to 12 E. Erie St., Chicago, IL 60611
- **By email** to submit@macbenefits.org
- **By fax** to (312) 951-1515