



NORTHEAST CARPENTERS FUNDS

VACATION FUND DIRECT DEPOSIT FORM

PARTICIPANT NAME: _____ UBC # OR LAST 4 OF SSN: _____

Account Information

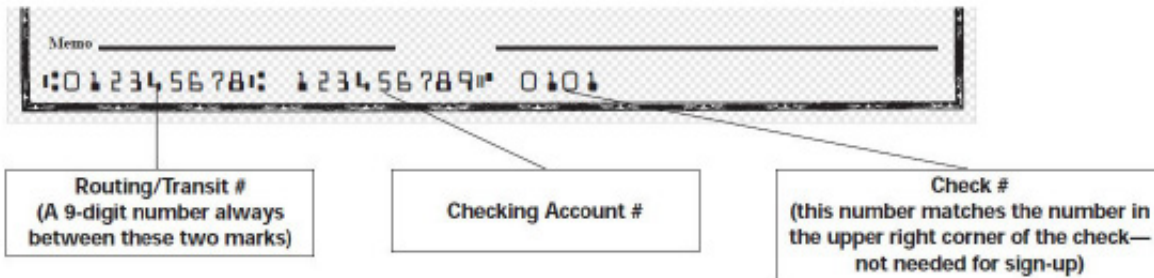
NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING

SAVINGS



Authorization Agreement

I hereby authorize the Northeast Carpenters Health Fund to initiate automatic deposits to my account at the financial institution names above. I also authorize the Northeast Carpenters Health Fund to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold the Northeast Carpenters Health Fund responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the Northeast Carpenters Health Fund receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Northeast Carpenters Health Fund.

AUTHORIZED SIGNATURE: _____ DATE: _____

Forms can be mailed to the Northeast Carpenters Funds at:
Raritan Plaza II
P.O. Box 7818
Edison, NJ 08818-7818