



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

265 Hegenberger Road Suite 100
Oakland, California 94621

**CARPENTER FUNDS ERSS ONLINE REPORTING
AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBIT**

I, _____, the authorized representative designated by _____ (Employer Name) authorize the **Carpenter Funds Administrative Office** ("CFAO") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows at the depository financial institution named below:

Select one: Checking Account
 Savings Account

Depository Financial Institution Name: _____

Account Number: _____ **Routing Number:** _____

Acceptable Range of Dollar Amounts Authorized for Debit(s): _____

Date(s) and/or Frequency of Debit(s): _____

Employer Name: _____

Employer Account Number(s): _____

I (we) understand that this authorization will remain in full force and effect until CFAO has received written notification of its revocation. The notice must be provided within reasonable advance notice prior to the proposed termination effective date and may be delivered by:

- Email to EmployerServices@carpenterfunds.com
- First class mail to 265 Hegenberger Rd, Suite 100, Oakland, CA 94621

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Signature of Authorized Representative: _____

Name and Title: _____ **Date:** _____