



MAINEHEALTH DIRECT DEPOSIT FORM

*Please complete and return this form to:
EBPA
Reimbursement Accounts
37 Industrial Drive
Exeter, NH 03833*

I, _____, wish to participate in the Direct Deposit option.

Please deposit my reimbursement check according to the following information:

Financial Institution Town/City Account Number

- Checking account (attach a voided check to the bottom of this form)
- Savings account
(obtain the 9 digit ABA routing number from your bank, and enter it here:)

I authorize EBPA to electronically transfer funds into the account listed above.

Employee Signature

SS#

Date

Daytime Telephone Number

(please attach a voided check here)