



**DIRECT DEPOSIT FORM**

*Please complete and return this form to:*

*EBPA*

*Reimbursement Accounts*

*37 Industrial Drive*

*Exeter, NH 03833*

EMPLOYER: \_\_\_\_\_

I, \_\_\_\_\_, wish to participate in the Flexible  
(Please Print Name)

Spending Account 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
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\_\_\_\_\_  
Daytime Telephone Number

(please attach a voided check here)

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