

# 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

Spending Account Direct Deposit option. Please deposit my reimbursement check according to the following information:

Financial Institution	Town/City	Account Number
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- 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.

Electronic Employee Signature	SS#	Date
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Daytime Telephone Number

(please attach a voided check here)

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