



DIRECT DEPOSIT FORM

*Please complete and return this form to:
EBPA Reimbursement Accounts
P.O. Box 1140
Exeter, NH 03833-1140*

I, _____, wish to participate in the Direct Deposit
(please print name)

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.)