



University of Maine System

DIRECT DEPOSIT FORM

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

I, _____, wish to direct deposit my Flexible
(Please Print Name)

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

Financial Institution	Town/City	Account Number	Routing 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.

_____ Employee Signature	_____ EMPLID#	_____ Date
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Daytime Telephone Number

(please attach a voided check here)