



DIRECT DEPOSIT FORM

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

\•	ase print name) ease deposit my re	imbursement chec			eposit
Financial Institution		Town/City	Accoun	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 electronic	cally transfer funds	into the acco	unt listed above.	
Employee Signature			SS#	Date	
Daytime Te	elephone Number				

(Please attach a voided check here.)