



Columbia University

DIRECT DEPOSIT FORM

*Please complete and return this form to:
EBPA-FSA DEPT
37 Industrial Drive, Suite E
Exeter, NH 03833-4593*

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:

- USA Account
- Transit/Parking

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 CBA/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)