



Columbia University

DIRECT DEPOSIT FORM

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

I, _____, wish to participate in the Flexible Spending Account or Transit/Parking Reimbursement Account Direct Deposit 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	SSN	Date

() _____
Daytime Telephone Number

(please attach a voided check here)