



UNIVERSITY OF VERMONT

DIRECT DEPOSIT FORM

Please complete and return this form to UVM Human Resources Services, 228 Waterman.

I, _____, wish to participate in the Flexible Spending Account
(Please Print Name)

Direct Deposit option. Please deposit my reimbursement check according to the following information:

Financial Institution Town/City Account Number ABA Routing 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

Daytime Telephone Number

(please attach a voided check here)