



CBA Blue

An independent licensee of the Blue Cross and Blue Shield Association.

P.O. Box 2365, South Burlington, VT 05407-2365 (888) 222-9206

DIRECT DEPOSIT FORM

Please complete and return this form to CBA Blue at the address listed above.

I, _____ wish to participate in the Flexible Spending Account

Direct Deposit option with CBA Blue. Please deposit my reimbursement check(s) according to the following option.

<u>Financial Institution</u>	<u>Town/City</u>	<u>Account Number</u>	<u>Routing Number</u>
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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 CBA Blue to electronically transfer funds into the account listed above.

Electronic Employee Signature

Date

Daytime Telephone Number

Social Security Number

PLEASE ATTACH A VOIDED CHECK HERE