



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**
(Please Print Name)

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

Financial Institution	Town/City	Account Number	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 Blue to electronically transfer funds into the account listed above.

_____	_____	_____
Employee Signature	Social Security #	Date

Daytime Telephone Number

(Please attach a voided check here)
