



FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT AUTHORIZATION FORM

Employee Instructions

Please read these instructions before completing the information requested on this form.

- 1. Complete all areas of Part I "Employee Information."
2. Select direct deposit to your checking or savings account in Part II.
3. Read Part III "Employee Authorization" and sign and date the form. Keep a copy of this form for your records.
4. Return the original to, UMR FSA/EFT, PO Box 8022, Wausau, WI 54402-8022

Part I: Employee Information (please print)

Employee Name (Last, First, MI) Daytime Phone Number Member ID Number
Employee Home Address City State Zip Code

Name of Employer

Part II: Reimbursement and Change Request

I elect to receive reimbursement from my spending account for the plan year by Direct Deposit and hereby authorize UMR to initiate deposits to the bank account number I have provided below. I authorize credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account.

ABA # [] [] [] [] [] [] [] [] []

Checking Account (Attach a voided check)

Account # _____

Savings Account (Attach a deposit slip)

Effective Date: _____

In addition to providing the banking information above, please submit a voided check / savings deposit slip.

Please verify the information provided above with your bank or credit union

This feature will carry over from year to year. To change this option, please submit a new form.

I am requesting a change to my original authorization as indicated above. Please allow 2-3 weeks for the change to be effective. Reimbursement will be provided via check mailed directly to your home until the change has been completed.

I am discontinuing direct deposit. Reimbursement will be provided via check mailed directly to your home

Part III: Employee Authorization

Date

Employee Signature

If you have questions about flexible spending accounts, please write to, UMR, PO Box 8022, Wausau, WI 54402-8022 or call us toll-free at 1-800-826-9781.