

## 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 or fax to 866-881-1200

Part I: Employee Information (please print)	I but by William		TROPIC LANGE	XX 1	
Employee Name (Last, First, MI)	Daytime Phone Number		UMR Member Identification Number		
Employee Home Address	City		State	Zip Code	
Name of Employer	•	<u>.</u>		•	
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.					
, , , , , , , , , , , , , , , , , , ,	, , ,		, , , , , ,		
Routing	7	_			
(ABA #)				ecking Account	
			(Attach a	voided check)	
A		$\neg$	G : A		
Account #			Savings Acc		
Effective Date:			(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.				<del></del> _	
eompteted:					
☐ I am discontinuing direct deposit. Reimbursement will be provided via check mailed directly to your home					
Part III: Employee Authorization					
Dete	E1 C:t				
Date Employee Signature  If you have questions about flexible spending accounts, please write to, UMR, PO Box 8022,					
	Wansan WI 5/1/07-2022 or call us tall-free at 1-200-226-0721				