



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)				
Employee Name (Last, First, MI)	Daytime Phone Number		Member ID Number	
				_
Employee Home Address	City		State	Zip Code
Name of Employer				
University of Arkansas				
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.				
Parting ————————————————————————————————————				
Routing (ABA #)		П	Checking A	ccount
		_		roided check)
			(1 2000011 00)	
Account #			Savings Account	
(Attach a deposit slip)				leposit slip)
Effective Date:				
In addition to providing the banking information above, please submit a voided check / savings deposit slip.				
in addition to providing the banking information above, please submit a voided eneck / savings deposit sup.				
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 1-888-438-6105.				