UNIVERSITY OF ARKANSAS SYSTEM

UMR

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.

Routing (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 1-888-438-6105.