

**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 #)**

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☐ 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.**