



DIRECT DEPOSIT AUTHORIZATION FORM

*Please complete and sign for convenient Automatic Deposit Option with email notifications.
Please note that an **email address is required** to enroll in Automatic Deposit*

Employer Name:

Employee Name:

UMR Member ID/Social Security #:

Address:

City, State, Zip:

SIGNATURE

Email address:

Attach a voided check or a copy of a voided check and complete the information below. Please check closely for accuracy.

The diagram illustrates a check layout with several fields and arrows indicating where to enter specific information. At the top left, an arrow points to the 'Bank Routing Number (9 digits)' field. At the top right, an arrow points to the 'Bank Account Number' field. The check itself has a grid pattern. At the top right, the routing number '101-046-0246' is printed above the account number '101'. The payee line reads 'MICHAEL OR LISA SMITH' with an address below it. The amount line starts with '\$' and ends with 'Dollar' and a box for cents. The bottom left of the check has a line for 'YOUR FINANCIAL INSTITUTION' and 'ADDRESS OF YOUR INSTITUTION'. The bottom right features a signature line with a box for initials and a box for a title. At the very bottom, there are two ovals: the left one contains the number '1234567890' and the right one contains '1234567890' with an arrow pointing to the right. The number '101' is also present at the bottom right of the check.

Complete, Sign, and Return to:

UMR FSA/EFT

P. O. Box 8022

Wausau, WI 54402-8022

Fax: 866-881-1200