



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.

Bank Routing Number (9 digits)

Bank Account Number



Complete, Sign, and Return to:

UMR FSA/EFT

P. O. Box 8022

Wausau, WI 54402-8022

Fax: 866-881-1200