



DIRECT DEPOSIT AUTHORIZATION FORM
<i>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</i>
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

The image shows a sample check with the following details:

- Payee: MICHAEL OR LISA SMITH, 123 HICKORY LAKE, 12345, COLORADO SPRING, CO 80901
- Routing Number: 01234567890 (circled)
- Account Number: 12345678901 (circled)
- Bank Name: YOUR FINANCIAL INSTITUTION

Complete, Sign, and Return to:
 UMR FSA/EFT
 P. O. Box 8022
 Wausau, WI 54402-8022
 Fax: 866-881-1200