



A UnitedHealthcare Company

# Consumer Accounts Direct Deposit Authorization Form

## Employee instructions

Please read these instructions before completing the information requested on this form. **Note that you can also sign up for direct deposit on your member portal.**

- Complete all areas of Part I “Employee Information”
- Select direct deposit to your checking or savings account in Part II
- Read Part III “Employee Authorization” and sign and date the form. Keep a copy of this form for your records
- You can mail the completed form and supporting documentation to: **UMR / PO Box 8022 / Wausau WI 54402-8022**
- You can also email the completed form and supporting documentation to **umr-fsa@umr.com**
- You can also **electronically sign the form** by downloading it to your device. Once you download it and complete it, use the auto signature field to sign it electronically and save it to the device

## Part I: Employee information (please print)

Employee name (last, first, MI) \_\_\_\_\_

Daytime phone \_\_\_\_\_ - \_\_\_\_\_ UMR member ID number \_\_\_\_\_

Employee home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of employer \_\_\_\_\_

## 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)

Savings account (attach a deposit slip)

Account # \_\_\_\_\_ Effective date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

Please verify the information provided with your bank or credit union.

**Important:** This feature will carry over from year to year. If you wish 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 this 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

Employee signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY