

**Foothill-De Anza Community College District**  
**Flexible Spending Account**  
**Group # 709593**

There is now a great new feature available to all FSA participants:

**Electronic Funds Transfer (EFT)**

- ◆ If you have a checking or savings account in a U.S. banking institution that accepts EFT, you can take advantage of direct deposit. If you elect this option, future FSA benefit payments will be deposited into your bank account on the third business day following the date the claim is processed, OR WITHDRAWALS WILL BE MADE FOR ERRONEOUS OVERPAYMENTS. An Explanation of Benefits (EOB) statement reflecting the amount deposited OR WITHDRAWN will be sent to you via regular mail.
- ◆ If you wish to elect direct deposit, simply complete and return the form to the address provided. Or you may fax the completed form along with a copy of the voided check to the fax number on the form. From receipt of the form to the pre-note process completion, it will take approximately 30-45 days.
- ◆ If you choose to have your FSA claim payments deposited into your personal checking account, you must attach a voided personal check. If you choose to deposit into your savings account, please verify the routing number and account number with your branch. An incorrect or missing routing and/or account number will delay the processing of your direct deposit.
- ◆ Please keep in mind if you change banks or accounts and wish to continue to receive your FSA payments via EFT you will need to complete and submit another form with the new banking information. The EFT set up process will then be repeated.

**Foothill-De Anza Community College District  
Flexible Spending Account (FSA)  
Electronic Funds Transfer (EFT) Form  
Group # 709593**

Last Name:

First Name:

Participant ID #:

Daytime Phone #:        -        -

Add                                      Change                                      Cancel

Account #:

Bank Transit/Routing Number:

    Checking Account (Please Tape Voided Check Below)

    Savings Account

I authorize UNITEDHealthCare to deposit funds into the fore mentioned account for claim payments from my Flexible Spending Account. IF UNITEDHealthCare INADVERTENTLY OVERPAYS FUNDS INTO THE ACCOUNT, I ALSO AUTHORIZE UNITEDHealthCare TO WITHDRAW THE AMOUNT OF THE OVERPAYMENT FROM THE ACCOUNT. This request remains in effect until UNITEDHealthCare receives written notification for termination of Electronic Funds Transfer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to:**  
UNITEDHealthCare  
P.O. Box 981178  
El Paso, TX 79998-1178  
(Fax) 915-781-1085

**PLEASE TAPE VOIDED CHECK HERE**

