

PART 1: OptumHealth Bank Contact Information

By Mail:

OptumHealth Bank
 P.O. Box 271629
 Salt Lake City, UT 84127

By Fax:

1-866-314-9795 – Fax with a copy of a voided PERSONAL check from the account that is to be debited.

Questions?

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

IMPORTANT NOTE: WE ARE UNABLE TO PROCESS REQUESTS THAT DO NOT INCLUDE A VOIDED PERSONAL CHECK.

PART 2: Account Holder Authorization

I authorize OptumHealth Bank to initiate and adjust electronic transactions from the bank account named below (“Bank Account Number to DEBIT”) to my OptumHealth Bank account named below. Such transactions are made through regional automated clearing house (“ACH”) associations, and are subject to the operating rules and regulations of the National Automated Clearinghouse Association (“NACHA”).

I understand that I may revoke this authorization by giving at least sixty (60) days written notice of cancellation to OptumHealth Bank at the address listed above, and that the revocation will not apply to transactions initiated prior to the Bank’s receipt of the notice, or to any adjustments to previous transactions. I represent that I am the owner of the account named below and that I have the legal right to provide this authorization.

X _____
 Signature of Account Holder

 Date

 Daytime Telephone Number

PART 3: Information Required for Transfer of Funds

OptumHealth Bank Account Holder Name:	OptumHealth Bank Account Number to CREDIT:
Start Date – Date must be at least 5 business days after receipt of this form:	End Date – If no date is specified, electronic transactions will end 1 year from start date.
Amount of Transaction:	Frequency (Select One): <input type="checkbox"/> One Time Only <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Is this a change to an ACH request currently in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bank to Debit:	
Bank Routing Number:	Bank Account Number to DEBIT – Account must match OptumHealth Bank account ownership:
External Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	