

Withdrawal Correction Form

This form can be used to redeposit funds withdrawn in error. Funds will be posted as a correction and not as a contribution. The deposit will be entered for the current year.

PART 1: OptumHealth Bank Contact Information

By Mail:

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

By Fax:

Processing is not available via fax; the form and a check must be mailed to OptumHealth Bank for processing.

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.

COMPLETE ALL SECTIONS OF THIS FORM, ENCLOSE A CHECK MADE PAYABLE TO OPTUMHEALTH BANK AND MAIL TO THE ADDRESS ABOVE.

PART 2: OptumHealth Bank Account Holder Information – Please Print

Account Holder Name: _____

Social Security #: _____

Address: _____

Daytime Telephone #: _____

City/State/ZIP: _____

PART 3: Redeposit Correction Information

Bank Account Number: _____

Redeposit Amount: _____

\$ _____

PART 4: Account Holder Authorization

I authorize OptumHealth Bank to make the withdrawal correction indicated above. I have enclosed a check made payable to OptumHealth Bank for the amount I'd like redeposited to my account.

X

Signature of Account Holder

Date