

Transfer of Funds – ACH Deposit

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:
Amount of Transaction:	Frequency (Select One): <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
Name of Bank to Debit:	Bank Account Number to DEBIT – Account must match the OptumHealth Bank account ownership:
Bank Routing Number:	Start Date – Date must be at least 5 business days after receipt of this form: