

Account Closure Request Form

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

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.

PART 2: Account Holder Authorization

Please close my OptumHealth Bank account, and mail the remaining balance to me at the address listed below.

X

Signature of Account Holder

Date

PART 3: OptumHealth Bank Account Information – Required

Account Holder Name:

Mailing Address:

City/State/ZIP:

OptumHealth Bank Account #:
