

Name Change Notification Form

PART 1: OptumHealth Bank Contact Information

By Mail:

OptumHealth Bank
P.O. Box 30777
Salt Lake City, UT 84130

By Fax:

1-800-765-6766

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

I authorize OptumHealth Bank to change the name on my account as listed below. I have attached legal documentation (marriage certificate or court order) to verify my new legal name.

X

Signature of Account Holder

Date

PART 3: OptumHealth Bank Account Information – Please Print

OptumHealth Bank Account Number:

Current Name:

New Legal Name:

Address:

City/State/ZIP: