

**Information Authorization**

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**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.

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**PART 2: OptumHealth Bank Account Information**

Bank Account Number:

Account Holder Name:

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**PART 3: Account Holder Authorization**

I authorize OptumHealth Bank's customer care professionals to provide information regarding my account, including but not limited to balance and transaction history, to the individual named below.

I understand and agree that:

- The individual named below will **not** be authorized to perform any account maintenance.
- This authorization pertains to information obtained from customer service only.
- I am the sole individual authorized to access and maintain my account online.

**X**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

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**PART 4: Authorized for Account Information – Required**

Name of Authorized Individual:

\_\_\_\_\_  
Authorized Individual's Street Address:

\_\_\_\_\_  
City/State/ZIP:

\_\_\_\_\_  
Authorized Individual's Social Security #:

\_\_\_\_\_  
Authorized Individual's Date of Birth: