

Transfer of Funds – ACH Withdrawal

Please consult a tax advisor before making a distribution / withdrawal to determine any possible tax implications.

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 credited.

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 credit entries, and adjusting entries, through the regional automated clearing house ("ACH") associations, subject to the operating rules and regulations of the National Automated Clearinghouse Association ("NACHA") to my bank account indicated below at the depository financial institution named below, and to debit the value of such ACH debit entries to the account I maintain at OptumHealth Bank. 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 adjusting entries on previous transactions. I represent that I am the owner of the OptumHealth Bank account listed below and that I have the legal right to provide this authorization.

X

Signature of Account Holder

OptumHealth Bank Account # to DEBIT

\$

Printed Name of Account Holder

Amount of Withdrawal / Distribution

Daytime Telephone Number

PART 3: Bank Information for Account to be CREDITED

Bank Name:	Bank Address:
City/State/ZIP:	Bank Routing Number:
Bank Account Number to CREDIT:	