



# Direct Deposit Authorization

Use this form to establish electronic direct deposit of eligible expense reimbursements into your personal bank account.

**Questions?** Visit us online at [uhcretireeaccounts.com](http://uhcretireeaccounts.com) or call the number on the back of your debit card if you have any questions while completing this form.

1006 RRA UHC

## 1 Participant information

Participant name:	Last 4 of SSN:
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Employer/plan sponsor name: \_\_\_\_\_

## 2 Direct Deposit Information

This request is one of the following:       New setup       Change to existing banking information       Cancellation

Name of bank: \_\_\_\_\_

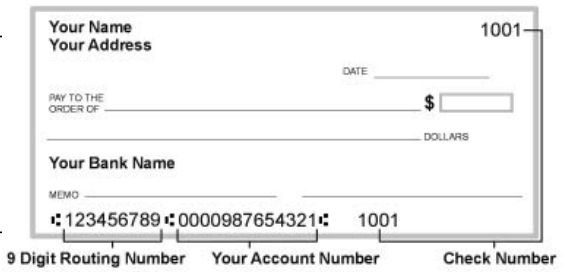
Type of account

Checking (Please include a voided check with this form)

Savings (Please include a deposit slip with this form)

\_\_\_\_\_  
9-digit routing number

\_\_\_\_\_  
Account number



## 3 Email address (Optional)

You can opt to receive information about your claims and accounts electronically, rather than by mail, simply by providing us your email address. You can choose to receive paper mailings again at any time without charge by removing your email address from your profile at [uhcretireeaccounts.com](http://uhcretireeaccounts.com). You may also contact us to receive a paper copy of any document at no charge.

Email address: \_\_\_\_\_

## 4 Participant authorization

By signing below, I (or my designated representative — attach evidence of authority to sign for Participant) authorize UnitedHealthcare to initiate deposit of reimbursements to the bank account indicated above. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my bank account.

Participant's signature

\_\_\_\_\_  
Date

**Where to return your form?**  
 By mail: UnitedHealthcare, P.O. Box 30516, Salt Lake City, UT 84130  
 By email: [optumonline@optumbank.com](mailto:optumonline@optumbank.com)  
 By fax: 1-844-881-1946  
**Note: Forms without a signature will not be processed**