



For immediate setup of your direct deposit, simply login to your account at www.UHCretireeaccounts.com and select Bank Accounts from your Profile page.

Monday through Friday, from 8 a.m. to 8 p.m. Eastern time

## **Direct Deposit Authorization Form**

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

Participant Name:			Last 4 Digits of SSN:
Former Employer / Plan Sponsor Name:			
Step 2: Tell us about your direct de This request is one of the following:	posit request:	☐ Change to Existi	ng Banking Info ☐ Cancellation
Name of Bank:		-	
ype of Account:  Checking (Please include a voided check along with this form)  Savings (Please include a deposit slip along with this form)		Your Name Your Address  DATE  PAY TO THE ORDER OF	
9-Digit Routing Number	Account N	umber	9 Digit Routing Number Your Account Number Check Nu
The participant authorizes credit entries error to the bank account.	s and, ii necessary, de	ion entires and adj	asiment for any credit entires made in
Participant Signature		Date	
Step 4: Provide your email address You can opt to receive information abo providing us your email address. You removing your email address from you paper copy of any document at no cha	ut your claims and acc can choose to receive r profile at optumhealt	paper mailings aga	ain at any time without charge by
Email Address:			
Step 5: Submit the Direct Deposit A	uthorization Form:		
Mail or fax your Direct Deposit Authoriz <b>2</b> , to the address below. Once received			
By Mail:	By Fax:	Questions?	
UnitedHealthcare P.O. Box 30516	1-855-244-5018	1-877-298-2305	
Salt Lake City, Utah 84130-0516			e professionals are available to assist yo