



# Direct Deposit Authorization Form

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

### Step 1: Complete your participant information:

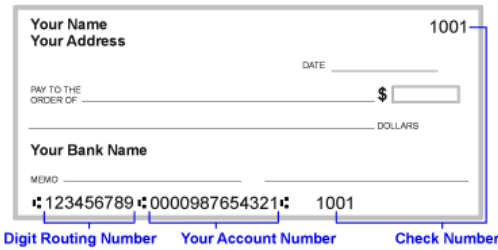
Participant Name:	Last 4 Digits of SSN:
Former Employer / Plan Sponsor Name:	

### Step 2: Tell us about your direct deposit request:

This request is one of the following:     New Setup         Change to Existing Banking Info         Cancellation

Type of Account:

- Checking (Please include a voided check along with this form)
- Savings (Please include a deposit slip along with this form)



\_\_\_\_\_    \_\_\_\_\_  
 9-Digit Routing Number                          Account Number

Name of Bank: \_\_\_\_\_

### Step 3: Sign and date the Direct Deposit Authorization Form (Required)

By signing below, the Participant or other Designated Representative (attach evidence of signer's authority to sign for Participant) authorizes UnitedHealthcare to initiate deposit of reimbursements to the bank account indicated above. The participant authorizes credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to the bank account.

**X** \_\_\_\_\_    \_\_\_\_\_  
 Participant Signature    Date

### Step 4: Submit the Direct Deposit Authorization Form:

Mail or fax your Direct Deposit Authorization Form, **along with a voided check or deposit slip as indicated in Step 2**, to the address below. Once received, it may take up to ten (10) business days to process your request.

**By Mail:**  
 UnitedHealthcare  
 P.O. Box 30516  
 Salt Lake City, Utah 84130-0516

**By Fax:**  
 1-855-244-5018

**Questions?**  
 1-877-298-2305  
 Customer service professionals are available to assist you Monday through Friday, from 8 a.m. to 8 p.m. Eastern time