

Instructions:

Complete and mail this form if you want to have eligible funds from your Health Reimbursement Account deposited directly into your Checking or Savings account



## ***DIRECT DEPOSIT AUTHORIZATION FORM***

I hereby authorize a UnitedHealthcare affiliate, *Administration Resources Corporation (ARC)*, to initiate deposit of my reimbursements to the bank account(s) indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account(s).

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Social Security Number: \_\_\_\_\_

The account is: (please check one of the following options)

New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

1. \_\_\_\_\_  
Transit ABA Routing # Account Number

Checking  Savings  \*\*\*Please attach either a voided check or a savings deposit slip to the back of this form\*\*\*

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

Bank Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Phone: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\*\*\*Please return completed form to:  
United Healthcare  
Claims Department  
PO Box 728  
Anoka MN 55303-0548  
Fax 763-767-4700