

# UNITEDHEALTH GROUP®

## Authorization for Electronic Funds Transfer (ACH)

Please allow 1-4 weeks for direct deposit to take effect.

\*\*\*All fields must be complete prior to setup by Accounts Payable\*\*\*

Payee Name: _____	Tax ID Number: _____
Remit Address: _____	

Requester Name: _____	Title: _____
Email Address: _____	Telephone Number: _____

UHG, Optum, UHC Contact Name: _____	Title: _____
Email Address: _____	Telephone Number: _____

Action (Check One):       Enroll                       Change                       Cancel

1. I hereby authorize UnitedHealth Group, 9900 Bren Road East, Minneapolis MN, hereinafter called COMPANY, to initiate credit entries to the bank account named below, hereinafter called DEPOSITORY. If the COMPANY identifies a payment was erroneously credited to my account, I authorize the COMPANY to debit my account by stopping payment or requesting a bank reversal. I understand Savings accounts are not accepted DEPOSITORY accounts.
2. To ensure my account is properly credited, I have attached one of the following:
  - Voided check** (deposit ticket is not acceptable, routing numbers may be different)
  - OR**
  - A letter from my Bank** – confirming the bank account & routing number. (The bank letter must be on bank letterhead and include a bank authorizer name, title, physical address, email address, phone number, signed and dated within 90 days.)

Depository Bank Name: _____	Bank Transit #: _____
Depository Bank Address: _____	Bank Account #: _____

3. This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and manner as to afford the COMPANY a reasonable opportunity to act on it.

### Approver Information (Account Signatory or Authorized Delegate):

Print Name: _____	Title: _____
	<input type="checkbox"/> Account Signatory
	<input type="checkbox"/> Certified Signatory Delegate
Signature: _____ (Original or DocuSign signature required)	Date: _____
Email: _____	Phone Number: _____
By signing, I certify that I am either the signatory or authorized delegate of the signatory.	