

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, in the event UnitedHealth Group, 9900 Bren Road East, Minneapolis MN, hereinafter called COMPANY, identifies a payment issued by UnitedHealth Group or affiliates erroneously credited to my account, COMPANY may work with my bank as needed to reverse funds or, stop funds from being deposited into my DEPOSITORY account. 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 COMPANY has received written notification from me or a designated authorized delegate, of its termination in such time and manner as to afford 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 Adobe Sign signature required)	Date: _____
Email: _____	Phone Number: _____
By signing, I certify that I am either the signatory or authorized delegate of the signatory.	