

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

Company / 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

- I hereby authorize and request United HealthCare Services, Inc. ("UHS") to initiate credit entries to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association ("NACHA") rules regarding these entries. Pursuant to the NACHA rules, UHS may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, UHS will notify our organization of the error and the reason for the reversal.
- To ensure the 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.)

Bank Account Information

Bank Account Title: _____

Checking **Account Number:** _____

Bank Name: _____

ABA/Routing Number: _____

- This authorization is to remain in full force and effect until UHS has received written notification from me or a designated authorized delegate, of its termination in such time and manner as to afford UHS a reasonable opportunity to act on it. Cancellations may be sent to achsupport@uhg.com.

Approver Information (Account Signatory or Authorized Delegate):

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