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 N	ame:	Tax ID Number:			
Email Address: Telephone Number: UHG, Optum, UHC Contact Name: Title: Email Address: Telephone Number: Email Address: Telephone Number: Email Address: Telephone Number: cution (Check One): Enroll Change Cancel Automated Clearing House Association ("NACHA") rules regarding these entries. Pursuant to the NACHA rules, UHS may initiate a count 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 init a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal actio 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: Ovolded check (deposit ticket is not acceptable; routing numbers may be different) OR A letter from my Bank – confirming the bank account & routing number, signed and dated within 90 days.) Bank Account Information Bank Account Information Bank Account Information Bank Name: BA/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. upprover Information (Account Signatory or Authorized Delegate): Print Name: Date: Date: Date: Date: Date:	Remit Address:					
Email Address:	Requester Name:			Title:		
Email Address:	-		Telephone Number:		per:	
Email Address:	UHG. Optum, UHC (Contact Nam)e:	Ti	itle:	
In hereby authorized 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 init a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal actio required, UHS will notify our organization of the error and the reason for the reversal. 2. 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 a include a bank authorizer name, title, physical address, email address, phone number, signed and dated within 90 days.) Bank Account Title: Checking Account Number: Account Number: ABA/Routing Number: Account Signatory or Authorized Delegate): Print Name: Print Name: Curriginal or Adobe Sign signature required)	-					
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□ Account Signatory □ Certified Signatory Delegate Signature:						
Signature:	Print Name:				☐ Account Signatory	
(Original or Adobe Sign signature required)	Signature:					
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