

Instructions:

Complete and mail this form if you want to have eligible funds from your Retiree 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 548
Anoka MN 55303-0548
Fax 763-772-1370