



Direct Deposit Authorization

Use this form to establish electronic direct deposit of eligible expense reimbursements and/or HSA distributions into your personal bank account. For quicker, easier set up, go to www.optumhealthfinancial.com. Customer service professionals can be reached by calling 1-877-298-2322 (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

1006 RRA OPT

1 Participant Information

| | |
|-----------------------------|----------------|
| Participant Name: | Last 4 of SSN: |
| Employer/Plan Sponsor Name: | |

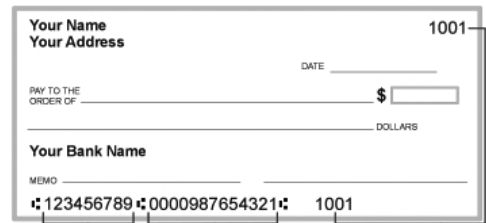
2 Direct Deposit Information

This request is one of the following: New setup Change to existing banking information Cancellation

Name of Bank: _____

Type of Account:

- Checking (Please include a voided check with this form)
- Savings (Please include a deposit slip with this form)



9-Digit Routing Number

Account Number

9 Digit Routing Number Your Account Number Check Number

3 Email Address (Optional)

You can opt to receive information about your claims and accounts electronically, rather than by mail, simply by providing us your email address. You can choose to receive paper mailings again at any time without charge by removing your email address from your profile at www.optumhealthfinancial.com. You may also contact us to receive a paper copy of any document at no charge.

Email Address: _____

4 Participant Authorization

By signing below, I (or my designated representative – attach evidence of authority to sign for Participant) authorize Optum to initiate deposit of reimbursements to the bank account indicated above. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my bank account.

x

Participant Signature

Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum, P.O. Box 30516, Salt Lake City, UT 84130

By Fax: 1-855-244-5016