

# Scheduled **Direct Debit** Authorization Form

## Enrollment instructions

1. Complete the form below.
2. List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
3. Fax this form to the fax number on the bottom of the authorization form.

**IMPORTANT: Please return the completed form along with a voided check (no deposit slips please.)**

## Statement of understanding

By executing this document in the space provided below, I hereby confirm that I am authorized to act on behalf of the employer/customer ("Group") described below and agree on behalf of Group to the following terms and conditions:

- Group authorizes UnitedHealthcare to debit the group checking (account # provided below) for all monthly charges for coverage.
- Group understands that it may take up to one month to set up Scheduled Direct Debit and consequently all overdue premiums should be promptly paid in order to avoid receiving a delinquency letter and possible termination of your account during this initial set up period.
- Group understands and agrees that it will have sufficient funds in its account to cover the full premium invoice on the draft due date. If necessary funds are not in your account on the draft due date, group coverage may be subject to termination proceedings consistent with the terms stated in your UnitedHealthcare contract.
- Group agrees to promptly notify Unitedhealthcare of any change to the information provided.

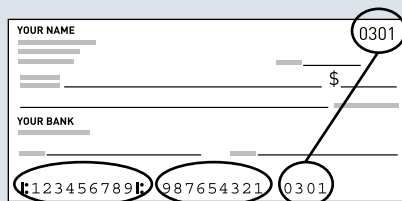
## Authorization

Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated below. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to UnitedHealthcare; it is cancelled by UnitedHealthcare under the conditions stated above; or upon termination of coverage with UnitedHealthcare.

## Determining your routing number

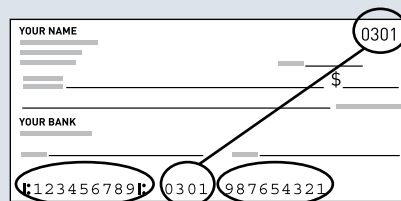
To determine your routing number, refer to your company check. **The routing number is always 9 digits long** and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank. For example:

Bank 1



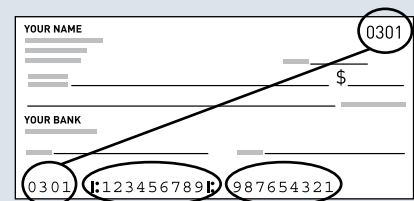
Routing # Account # Check #

Bank 2



Routing # Check # Account #

Bank 3



Check # Routing # Account #

If you are unsure what the routing number/transit number is, your bank can assist you.

**I have read and agree to the terms and conditions outlined above.**

Authorized signature and title of signatory

Date

Employer name/Customer name/Policy name

Employer email address

UnitedHealthcare customer number and bill group(s)

Name of your financial institution

Telephone number of financial institution

Routing/Transit Number (9 Digits)

Account Number (include all zeroes and omit spaces/special characters)

**Mail to:** UnitedHealthcare – Duluth  
Attn: Accounts Receivable  
MN 015-2838  
4316 Rice Lake Rd.  
Duluth, MN 55811

**OR**

**Fax to: 1-218-279-6493**  
Attn: Accounts Receivable

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.