



# Electronic Funds Transfer (EFT) Authorization Form

## Payments made easy.

Pay your premiums (monthly payments) automatically from your bank account.

- Save on postage – no check to write out and mail each month
- No need to remember to mail your premium if you travel
- No worries about lost or delayed checks

## When will the EFT start?

We'll send you a notice with the EFT start date. Please pay your premium as you have been until EFT starts.

## When does payment take place?

Payment will take place on or around the fifth every month. Your bank statement will show it as a deduction.

## Signing up is easy.

It takes just a few minutes. All you need to do is:

1. Complete and sign the form below\*.
2. Write "VOID" on a blank check from the account you would like to use to make the EFT payments.

**Please do not send:** a payment, deposit slip or money order.

3. Return the completed form and voided check to UnitedHealthcare, PO Box 30770, Salt Lake City, UT 84130-0769

\* When you sign below, you agree to these terms: My bank may pay UnitedHealthcare Insurance Company (UHIC) the new charges from my bank account. The new charges may include up to \$200 of current retroactive charges, plus my monthly premium amount. Payment will take place on or about the fifth of each month. If I choose to stop paying by EFT, I will tell both UHIC and my bank. I understand it could take 1–2 months for the change to take place.

Detach & mail with blank voided check

## Electronic Funds Transfer (EFT) Authorization Form

Member Number: \_\_\_\_\_ Member Name: \_\_\_\_\_

Bank Account Holder Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

**ATENCIÓN:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

**請注意：**如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。