



For immediate setup your direct deposit, simply login to your account at optumhealthfinancial.com and select Bank Accounts from your Profile page.

Direct Deposit Authorization Form - Retiree Account

Use this form to establish electronic direct deposit of eligible retiree expense reimbursements into your personal bank account.

Step1: Complete your participant info	ormation:		
Participant Name:			Last 4 Digits of SSN:
Former Employer / Plan Sponsor Name	e:		
Step 2: Tell us about your direct dep	osit request:		
This request is one of the following:	☐ New Setup [☐ Change to Existin	g Banking Info
Name of Bank:			Workland
Type of Account:			Your Address 1001-
☐ Checking (Please include a voided check along with this form)		th this form)	PAY TO THE ONDER OF
☐ Savings (Please include a deposit slip along with this form)		Your Bank Name MEMO 1. 123456789 1. 00009876543211. 1001	
9-Digit Routing Number	Account N	umber	9 Digit Routing Number Your Account Number Check Num
	nancial Services to ini	tiate deposit of reiml	lence of signer's authority to sign for oursements to the bank account indicated nd adjustment for any credit entries made
Participant Signature		Date	
your email address. You can choose to	it your claims and acc receive paper mailin	gs again at any time	rather than by mail, simply by providing us without charge by removing your email to receive a paper copy of any document
Email Address:			
Step 5: Submit the Direct Deposit Au	nthorization Form: ation Form, along wit	h a voided check o	r deposit slip as indicated in Step 2, to ocess your request.
By Mail:	By Fax:	Questions?	
OptumHealth Financial Services P.O. Box 30516	1-855-244-5018	1-877-298-2322	
Salt Lake City, Utah 84130-0516		Customer service professionals are available to assist you Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.	