OPTUMHealth Bank℠

Information Authorization

PART 1: OptumHealth Bank Contact Information

By Mail:
OptumHealth Bank
P.O. Box 271629
Salt Lake City, UT 84127

By Fax:
1-866-314-9795

Questions?
Please refer to the phone number on the back of your Debit Card.

Customer Service Professionals are available from 8:00 a.m. to 8:00 p.m. Eastern time to assist you.

PART 2: OptumHealth Bank Account Information

OptumHealth Bank Account #:

Account Holder Name:

Group Id Number:

State of Residency:

PART 3: Authorized for Account Information – Required

Name of Authorized Individual:

Authorized Individual's Street Address:

City/State/ZIP:

Authorized Individual's Social Security #:	Authorized Individual's Date of Birth:

PART 4: Account Holder Authorization

I authorize OptumHealth Bank's customer care professionals to provide information regarding my account, including but not limited to balance and transaction history, to the individual named below.

I understand and agree that:

- The individual named below will **not** be authorized to perform any account maintenance.
- This authorization pertains to information obtained from customer service only.
- I am the sole individual authorized to access and maintain my account online.

X

Signature of Account Holder

Date

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