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**PART 1: OptumHealth Bank Contact Information**

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**By Mail:**

OptumHealth Bank  
P.O. Box 30777  
Salt Lake City, UT 84130

**By Fax:**

1-800-765-6766

**Questions?**

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

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

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**PART 2: Account Holder Authorization**

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I authorize OptumHealth Bank to change the name on my account as listed below. I have attached legal documentation (marriage certificate or court order) to verify my new legal name.

**X**

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Signature of Account Holder

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Date

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**PART 3: OptumHealth Bank Account Information – Please Print**

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OptumHealth Bank Account Number:

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Current Name:

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New Legal Name:

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Address:

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City/State/ZIP:

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