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

PART 2: OptumHealth Bank Account Information

Bank Account Number: _____

Account Holder Name: _____

PART 3: 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

PART 4: 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:
