

Please use this form if you are disputing an ACH to your OptumHealth Bank account. We must receive your dispute in writing. **Please refer to the definition provided for the ACH Dispute types below, and select the dispute type that pertains to your specific circumstances.** Please print this form and mail or fax it to the address or fax number below. *Please make sure to sign and date this form.*

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: Type of ACH Dispute – Required

Please select ONE of the dispute types below:

DISPUTE TYPE 1

UNAUTHORIZED DEBIT: Means that an electronic funds transfer was never properly authorized by the account holder. An ACH debit that is greater than that authorized by the account holder, or that occurs on an earlier date than that authorized, is considered unauthorized. An unauthorized debit does not include an electronic funds transfer initiated with fraudulent intent by the account holder or any person acting in concert with the account holder.

- I did not authorize, and have not ever authorized, in writing, or by similarly-authenticated means _____ to originate one or more ACH entries to debit funds from this account at my financial institution.
- I authorized _____ to originate one or more ACH entries to debit fund from this account at my financial institution in writing or by similarly-authenticated means, **BUT (select one):**
 - ___ The amount debited exceeds the amount I authorized to be debited. The amount I authorized was \$ _____;
 - OR**
 - ___ The debit was made to this account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to this account no earlier than _____.

DISPUTE TYPE 2

REVOCATION OF AUTHORIZATION: Means that the written agreement with the originating company, which was signed or similarly authenticated to allow payments processed through the ACH network to be deposited in or withdrawn from an account at a financial institution, has been cancelled. The account holder must revoke authorization directly with the originating company prior to the return of the debit.

- I authorized _____ (“the Company”) to originate one or more ACH entries to debit funds from my account, but on _____, 20_____, I revoked that authorization by notifying the Company in the manner specified in the authorization.

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PART 3: Written Statement Under Penalty of Perjury (Please Print)

STATE OF _____ COUNTY OF _____

I, _____, depose and certify that I have examined the statement or notification from my Financial Institution indicating that an ACH debit entry was charged to my OptumHealth Bank account # _____ in the name of _____ on _____, 20____, in the amount of \$_____, and that the debit entry was unauthorized, improper, or a prior authorization was revoked.

I further depose and certify that the debit transaction indicated in Part 2 of this form was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Signature: Account Holder MUST sign

X _____
Account Holder Signature

Today's Date

Printed Name of Account Holder