



Employer eServicesSM Scheduled Direct Debit

Sign up for UnitedHealthcare's Scheduled Direct Debit and have your premium payments automatically deducted from your bank account.

If you're looking for new and better ways to help organize, streamline and generally make your job easier, there's no better place to start than with UnitedHealthcare's Scheduled Direct Debit.

That's because Scheduled Direct Debit is a safe, convenient and automatic way to pay your monthly insurance premiums.

All you do is sign up, then every month we automatically deduct your premium from your company's bank account.

Even better, Scheduled Direct Debit helps you better organize your payment records, streamlines your monthly invoice payment process and frees you up to get on with the business of your business.

Enroll today in UnitedHealthcare's Scheduled Direct Debit program. Just fill in the simple form on the reverse side and return it to us. Do it today. And give yourself one less thing to worry about.

Scheduled Direct Debit:

- Lets you pay your premium at the same time each month.
- Provides predictable cash outflow.
- Gives you a consistent process for your premium payment.
- Provides an accurate record of your payment listed right on your bank statement.
- Means you'll never have to worry about missing an invoice or a deadline again. Everything's taken care of. Automatically.

*Get organized.
Get streamlined.
Get UnitedHealthcare's
Scheduled Direct Debit.*

Insurance coverage provided by or through: United HealthCare Insurance Company, United HealthCare Insurance Company of New York, or their affiliates. Health plan coverage provided by or through: United HealthCare of Alabama, Inc., United HealthCare of Arizona, Inc., United HealthCare of Arkansas, Inc., United HealthCare of Colorado, Inc., UnitedHealthcare of Florida, Inc., United HealthCare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., United HealthCare of Kentucky, Ltd., United HealthCare of Louisiana, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., United HealthCare of the Midlands, Inc., United HealthCare of the Midwest, Inc., United HealthCare of Mississippi, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of New Jersey, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of North Carolina, Inc., United HealthCare of Ohio, Inc., United HealthCare of Tennessee, Inc., UnitedHealthcare of Texas, Inc., United HealthCare of Utah, UnitedHealthcare of Wisconsin, Inc.

Scheduled **Direct Debit** Authorization Form

Enrollment Instructions

1. Complete the form below.
2. List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
3. Attach a copy of a voided check showing the bank account to debit (Do not send a deposit slip).
4. Fax this form and a copy of a voided check to the fax number on the bottom of the authorization form.

Statement of Understanding

As a participant of Scheduled Direct Debit, I agree to and/or understand all of the following on behalf of my group:

It may take up to one month to establish this process. If a customer is overdue on a prior bill, a delinquency letter will be sent to the customer, and must be paid to ensure the account is not cancelled prior to the process being set up.

I authorize UnitedHealthcare to debit my group's checking or savings account for all monthly charges for coverage. I ensure sufficient funds are in my group's checking or savings account to cover my premium invoice.

I have read and agree to the terms and conditions outlined above.

If the necessary funds are not on deposit in the account on the date of the draft, my group's coverage may be subject to termination under the terms stated in the contract with UnitedHealthcare. Also, my group may be subject to additional fees incurred by UnitedHealthcare subsequent to the termination date as a result of insufficient funds.

I will promptly notify UnitedHealthcare of any change to my group's checking or savings account. If a change occurs it is my responsibility to provide UnitedHealthcare with the current information.

Authorization

Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated below. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to UnitedHealthcare; it is cancelled by UnitedHealthcare under the conditions stated above, or upon termination of coverage with UnitedHealthcare.

Authorized Signature and Title of Signatory

Date

Employer Name/Customer Name/Policy name

Employer Email Address

Customer Number and Bill Group(s)

Name of Your Financial Institution

Phone Number of Financial Institution

Transit / American Bankers Association #
Number can be found in the lower left corner of your check

Account Number to Debit



Mail to:
UnitedHealthcare – Oldsmar
FL080-1000
601 Brooker Creek Rd.
Oldsmar, FL 34677

Fax to: 1-813-854-3359
Attn: CCU Unit
(use only for Scheduled Direct Debit faxes)