



Employer eServices Scheduled Direct Debit

Sign up for UnitedHealthcare Scheduled Direct Debit to automatically deduct your premium payments from your bank account.

Streamline your monthly invoice payment process.

Scheduled Direct Debit from Employer eServices® is a safe, convenient way to pay your monthly insurance premiums.

After you sign up, your premium will be automatically deducted from your company's bank account.

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

Enroll today and worry about one less thing tomorrow.

Enrollment instructions:

- 1 Complete the Scheduled Direct Debit Authorization Form on the back of this page.
- 2 List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
- 3 Return the completed form by fax, mail or email. Contact information is listed on the form.

IMPORTANT: Please return the completed form along with a voided check (no deposit slips, please) or an authorized bank letter.

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With Scheduled Direct Debit, everything is taken care of—automatically—which means you can:

- Pay your premium at the same time, on time, each month.
- Maintain a consistent process for your payments.
- Better predict cash outflow.
- Access an accurate record of your payments, which are listed on your bank statement.

Scheduled Direct Debit Authorization Form

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

Authorized signature and title of signatory _____		Date _____
Employer name/Customer name/Policy name _____		Employer email address _____
UnitedHealthcare customer number _____		UnitedHealthcare bill group(s) _____
Name of your financial institution _____		Telephone number of financial institution _____
Routing/Transit number (9 digits) 	Account number (include all zeros and omit spaces/special characters) 	

IMPORTANT: Please return the completed form along with a voided check (no deposit slips, please) or an authorized bank letter.

Mail to: UnitedHealthcare – Duluth
 Attn: Accounts Receivable
 MN 015-2838
 4316 Rice Lake Rd.
 Duluth, MN 55811

Fax to: 1-888-476-5127
 Attn: Accounts Receivable

Email to: Direct_Debit@uhc.com

Statement of understanding

By executing this document in the space provided above, I hereby confirm that I am authorized to act on behalf of the employer/customer (“Group”) described above and agree on behalf of the Group to the following terms and conditions:

- Group authorizes UnitedHealthcare to debit the group checking (account number provided above) for all monthly charges for coverage.
- Group understands that it may take up to one month to set up Scheduled Direct Debit and consequently all overdue premiums should be promptly paid in order to avoid receiving a delinquency letter and possible termination of your account during this initial set up period.
- Group understands and agrees that it will have sufficient funds in its account to cover the full premium invoice on the draft due date. If necessary funds are not in your account on the draft due date, group coverage may be subject to termination proceedings consistent with the terms stated in your UnitedHealthcare contract.
- Group agrees to promptly notify UnitedHealthcare of any change to the information provided.

Authorization

Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated above. 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.

Determining your routing number

To determine your routing number, refer to your company check. The routing number is always 9 digits long and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank.

For example:

Bank 1

Routing number Account number Check number

Bank 2

Routing number Check number Account number

Bank 3

Check number Routing number Account number

Please contact you financial institution if you have questions about your routing number or account number.

