



UnitedHealthcare®

# Electronic Funds Transfer

Medicare Solutions

To have your commission payments transferred electronically to your checking account or to change the checking account your funds are transferred to, complete the fund transfer authorization below. You will also need to attach a voided check from the checking account you wish to have your commission payments deposited in. Please do not send a deposit slip or cancelled check. Please return the completed authorization via email to [sh\\_commissions\\_administration@uhc.com](mailto:sh_commissions_administration@uhc.com) or fax it to 1-866-761-9162.

## Fund Transfer Authorization

Please indicate: New  Change

I (We) do hereby authorize UnitedHealthcare® to deposit all commission payments due me to the checking account indicated below and the Depository Financial Institution named below.

Account Number

Financial Institution Name

City

State

Please remember to notify us if the bank you use changes its name or merges with another bank or if you change banks and/or if you change bank accounts.

Agent Signature

Agent Printed Name

Agent Writing ID

Date

John Doe 123 w. Main St. Anytown, USA 12345	DATE _____	101
PAY TO THE ORDER OF <b>ATTACH VOIDED CHECK HERE</b> <b>(DEPOSIT SLIPS AND CANCELLED CHECKS ARE NOT ACCEPTABLE)</b>		
YOUR BANK Anytown, USA		
FOR _____ <i>Void</i>		