



# 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 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

### To enroll:

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

### Scheduled Direct Debit takes care of everything automatically, which may help you:

- 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

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

\_\_\_\_\_  
Printed name 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 required)

\_\_\_\_\_  
Account number  
(include all zeros and omit spaces/special characters)

**Email to:** [Direct\\_Debit@uhc.com](mailto:Direct_Debit@uhc.com)

**Fax to:** 1-888-476-5127

**Attn:** Accounts Receivable

## Statement of understanding

This agreement is made in accordance with the operating rules and regulations of the National Automated Clearinghouse Association. By executing this document in the space provided above, I confirm that I am authorized to act on behalf of the employer/customer (“Group”) and agree on behalf of the Group to the following terms and conditions:

- **By choosing Scheduled Direct Debit, the customer understands all invoicing will be online only located at [employereservices.com](http://employereservices.com). Should there be any questions pertaining to accessing and/or location of the invoice, please call 1-800-651-5465, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.**
- Group authorizes UnitedHealthcare to debit the group checking or savings (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 understands that the amount drafted may vary based on billing premium adjustments reflected on your monthly invoice.
- Group understands UnitedHealthcare may make adjustments to the account whenever a correction or change is required. For example, if there is an error, the group/member agrees that UnitedHealthcare may correct the error immediately and without notice. Such errors may include, but are not limited to, reversing an improper credit, making adjustments for returned premium, and correcting calculation and input errors. The right to make adjustments are not subject to any limitations or time constraints, except required by law.
- Payment will be withdrawn on the date indicated on your monthly invoice.
- 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 canceled by UnitedHealthcare under the conditions stated above; or upon termination of coverage with UnitedHealthcare.

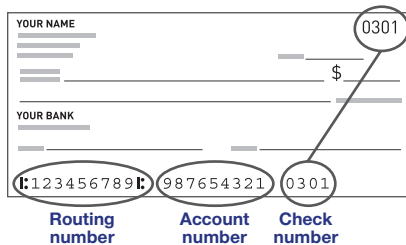
Signature required \_\_\_\_\_

## Determining your routing number

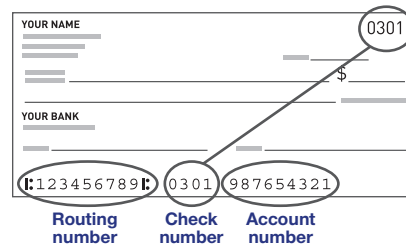
To determine your routing number, refer to your company check. The routing number is always 9 digits long and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank.

For example:

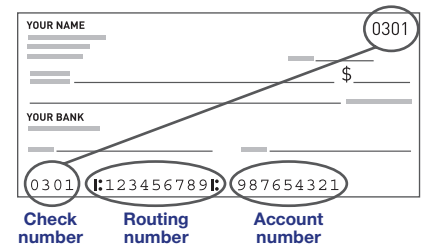
### Bank 1



### Bank 2



### Bank 3



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