



Transfer of Funds – ACH Withdrawal

Please consult a tax advisor before making a distribution/withdrawal to determine any possible tax implications. Forms containing debit card numbers will not be processed and will be destroyed for your protection. Customer service professionals can be reached by calling the number on the back of your debit card (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

072 CO HSA

1 Account Holder Information

Printed Name of Account Holder:

Account # to DEBIT:

Amount of Withdrawal / Distribution:
\$

Group Id #:

Telephone #:

2 External Bank Information for Account to be Credited

External Bank Account Number to CREDIT:

External Bank Routing Number:

External Bank Name:

External Bank Address:

City/State/ZIP:

3 Account Holder Authorization

I authorize Optum Bank to initiate credit entries, and adjusting entries, through the regional automated clearing house ("ACH") associations, subject to the operating rules and regulations of the National Automated Clearinghouse Association ("NACHA") to my bank account indicated below at the depository financial institution named below, and to debit the value of such ACH debit entries to the account I maintain at Optum Bank. I understand that I may revoke this authorization by giving at least sixty (60) days written notice of cancellation to Optum Bank at the address listed above, and that the revocation will not apply to transactions initiated prior to the Bank's receipt of the notice, or to adjusting entries on previous transactions. I represent that I am the owner of the Optum Bank account listed above and that I have the legal right to provide this authorization.

x

Account Holder Signature

Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127

By Fax: 1-866-314-9795