

Rev. 12/29/2020



Pay Selection Form

| Name: | : | |
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| | (please print). | |
| | umer Direct suggests that you use direct deposit. This can be through a prepaid debit card o an account that you choose. | |
| on pay | t deposits avoid all likely delays linked with delivery of mail. This helps you access your pay day. Pay stubs (summary of your pay) are available online through our secure web porta DirectMyCare.com. | • |
| | Below are the pay options to choose from. Please select one option. | |
| S | Wisely Pay Card. I authorize Consumer Direct to issue me a Wisely Pay Card. They will use a Social Security Number and other identification on file to set up the card. Pay will be put onto the card. I should receive my debit card in around two weeks. It will be sent to my address on file. | - |
| | Direct Deposit to my account. I authorize Consumer Direct to deposit my pay to (name of bank or financial institution): | |
| A | Account Type (check one): □ Checking. □ Savings. | |
| | For Checking Accounts: Tape a voided check here. Please do not attach a deposit slip. | |
| | For Savings Accounts: provide a document from your bank. This form must have the exact numbers to your account. It will be used to set up your direct deposit. Is the document larger than this box? Please send it in as a separate document. Do not attach a deposit slip. Deposit slips do not have all of the required numbers. | |
| deposition corrections in the correction cor | orize Consumer Direct to route my pay. This will be based on my answers above. Funds may be ited into my account by mistake. If this happens, I authorize Consumer Direct to debit my account rect the error. It is my duty to check that each deposit has occurred. I must pay any fees caused rafts on my account. Deposits will be made on each applicable payday. I must let my employer if I want to stop direct deposits. This must be in writing. Consumer Direct reserves the right to any direct deposit request. All direct deposits are made through an Automated Clearing House (1); Processing is subject to ACH terms and limitations, as well as those of my financial institution take some time to set up my selected method of pay. While this is being done, I will receive checks. | nt by |
| Signat | ture Date | |
| | | |



If you need help, please contact Consumer Direct at 877-270-9580 or UnitedHealthcare Toll-Free 800- 791-9233; TTY/TTD 711. We are happy to help.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 7:00 p.m.

ATENCIÓN: Si no habla inglés, hay servicios de asistencia con el idioma disponibles sin costo para usted. Llame al **1-800-791-9233, TTY 711**.

ATENÇÃO: Se não fala inglês, estão disponíveis serviços de assistência linguística sem nenhum custo para si. Ligue para o **1-800-791-9233**, **TTY 711**.