UnitedHealthcare

Participant Name	Employer Name	Employee Name

Payment Change Form

Employee Name	Employee Social Security Number

Payment Information

(If a payment selection is not checked then KS WORK UHC will automatically set you up with the debit card)

Payment Selection (check only one box): ☐ Debit Card ☐ Direct Deposit ☐ Paper Check

Direct Deposit

Account Type (check only one box): ☐ Checking Account ☐ Savings Account

Account Information

Direct Deposit can be cancelled by calling customer service. If you are changing your bank account information, this form must be submitted.

Banking Institution Name:	
Routing Number:	☐☐☐☐☐☐☐☐☐
Account Number:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Pay Stub/Remittance Advice

GO GREEN: The Program makes your pay stub available through the BetterOnline™ web portal. If you do not have access to the internet through a computer, tablet, or smart phone, then check the box below.

☐ I do not have access to the internet, please send my pay stub in the mail.

I authorize KS WORK UnitedHealthcare through Public Partnerships LLC to deposit my payment directly into my account using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize KS WORK UnitedHealthcare through Public Partnerships LLC to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize KS WORK UnitedHealthcare through Public Partnerships LLC to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact Public Partnerships LLC customer service and provide both the account and routing numbers of my account.

Cancellation

☐ I wish to cancel an existing debit card account.

State the reason for cancellation:

Payee Signature _____ Date _____