

AUTHORIZATION AND AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT

By completing and signing this form, I hereby authorize UnitedHealthcare Insurance Company and/or any affiliate company (collectively, "the Company") to electronically deposit (and the Financial Institution to accept) my future commissions, and other compensation payable in cash (collectively "Commissions"), into the account listed below.

I understand the deposits will be based upon, and are subject to, the terms and conditions of my compensation agreement(s) with the Company, and that the amounts of the deposits will fluctuate. I also authorize adjustment of any deposit made in error. I agree to hold the company harmless for any charges or damages, direct or indirect, related to the amount of, or the timing of, the deposits or adjustments.

I understand that the Company will make every effort to deposit Commissions on the same working day(s) following each commission cycle, but that the Company cannot and does not guarantee that will occur. I understand that other compensation, depending upon its nature, may not be payable or paid according to any schedule.

I agree to hold the Company harmless for any charges or damages, direct or indirect, related to the amount of, or the timing of, the deposits or adjustments.

I agree to receive my commissions deposit as indicated below and view my commission statements via the Internet-based system(s) provided by the Company, and that making them available in this manner satisfies the Company's periodic statement and/or accounting obligations.

I understand that the Company will make reasonable efforts to timely process this authorization, or any changes to it, including revocation. However, I understand that such processing may not occur prior to the next deposit. I therefore agree that the prior compensation arrangements between us will continue until this authorization is processed. I agree to provide the Company and the Financial Institution advance written notice of revocation of this authorization. This form is not, nor does it act as, an assignment of commission.

Complete this section if you are a PRODUCER directly receiving compensation (commission and/or bonuses).

Printed Producer Name

Producer ID/NPN

Producer Signature

Date

Complete this section if you are an AGENCY receiving compensation.

Printed Agency Name

Agency ID/NPN

Printed Name of Principal/Officer/Authorized Agency Representative of Agency

Title

Signature of Officer or Authorized Agency Representative

Date

Account Holder Name (*as it appears on the account*) _____

Financial Institution _____

Address _____

City _____ State _____ ZIP Code _____

Phone (*including area code*) _____

Type of Account: Checking Savings
Deposit Frequency: Monthly Weekly

1. Write your *nine*-digit **routing** number for your financial institution here:

2. Write your **account** number here:

(You can also find your account number by looking on your most recent financial institution statement.)