

DIRECT DEPOSIT AUTHORIZATION

By signing this form, I allow UPHP to make direct deposits to my bank account. This authorization is good until I tell you to stop. By receiving direct deposits to my bank account, all payment summaries will be electronic. Payment status and history can be viewed online at any time on the UPHP Assist Portal at <https://assist.uphp.com>. **Please fill out the below information in full and send back with a voided check or a letter from your bank with your account information.**

I understand and agree that if my bank information changes, I am responsible for updating this information with UPHP by submitting a new form immediately.

MEMBERS: If my bank returns the payment, I understand UPHP may not allow me to receive payments directly to my bank account in the future.

TRANSPORTATION PROVIDER: If my bank returns the payment, I understand I will return to paper checks and will be charged a \$15 fee per returned transaction.

Personal Information

Name: _____

Address: _____

Phone: _____

Bank Account Information

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Signature

Signature: _____ Date: _____

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

If you have questions, you can contact the UPHP Transportation Department at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free.

You can get this document free of charge in other formats, such as large print, braille, or audio call 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

THIS AUTHORIZATION WAS REVOKED

By signing this form I am revoking my decision for UPHP to make direct deposits into my bank account. I understand I am choosing to receive payment from UPHP in the method of traditional paper check.

Signature of Individual: _____ Date: _____

Signature of UPHP Staff: _____ Date: _____