



DIRECT DEPOSIT AUTHORIZATION

By signing this form, I allow Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP) or UPHP Medicaid Plan 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, City, State, Zip: _____
Phone: _____ Date of Birth (DOB): _____
Email: _____

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 Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment in UPHP MI Coordinated Health depends on contract renewal.

If you have questions, you can contact your Care Coordinator or call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-835-2556 (TTY: 711) or speak to your provider. 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THIS AUTHORIZATION WAS REVOKED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: _____