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DIRECT DEPOSIT ENROLLMENT FORM

SECTION A EMPLOYER/EMPLOYEE INFORMATION

| | | |
|----------------------|---------------------|--|
| Employer Name | Group Number | Employer Location (if applicable) |
| | | |
| Employee Name | Employee SSN | |
| | | |

- You must activate your account on www.alliedbenefit.com to receive an email notification for each processed claim.
- Since you will no longer receive paper claim checks in the mail with account balance information, this information will be available via our secure website www.alliedbenefit.com.
- When Allied processes a claim, the funds will be deposited 4-6 days following the processed date shown on the website.
- If your bank name, bank routing number, and/or your bank account number has changed, please inform Allied of this change immediately.
- In the event that your banking information has changed and a claim is processed, a manual check will be processed for reimbursement and you will be asked to submit updated information.

PLEASE NOTE WE MUST RECEIVE A VOIDED CHECK IN ORDER TO SET UP YOUR ACCOUNT



Your 9-digit bank ABA routing number
Your bank account number

SECTION B BANK INFORMATION

| | | |
|-----------------------------|-----------------------------|----------------|
| Bank Name | Bank Account Type | |
| | Checking | Savings |
| Bank Routing Number: | Bank Account Number: | |
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