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## FLEX DIRECT DEPOSIT ENROLLMENT FORM

### Section I. Employer/Employee Information PLEASE PRINT

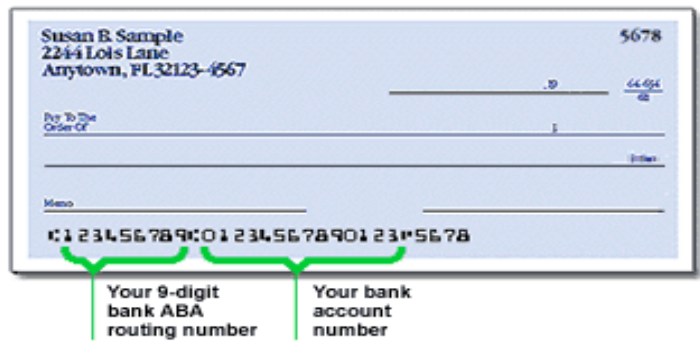
Employer Name:	Group Number:	Employer Location (if applicable)
Employee Name:		Employee SSN:

- You must activate your account on [www.alliedbenefit.com](http://www.alliedbenefit.com) in order to receive an email notification each time a claim is processed.
- 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](http://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**

**PLEASE ATTACH VOIDED CHECK HERE.**

**PLEASE NOTE THAT DEPOSIT SLIPS CANNOT BE ACCEPTED**



### Section II. Bank Information

Bank Name:	Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>