



**Allied Benefit Systems, Inc.**  
 200 W. Adams St. Suite 500  
 Chicago, IL 60606  
 alliedbenefit.com

**P** 312.906.8080  
**F** 312.906.8879  
 eligibilitydept@alliedbenefit.com

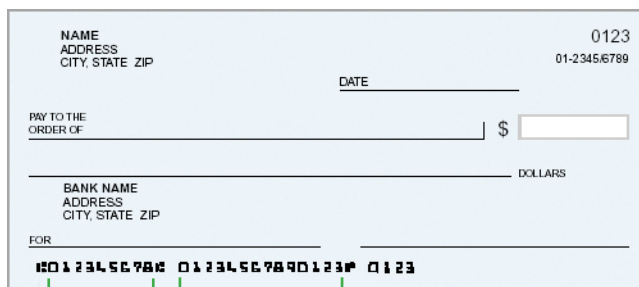
## Direct Deposit Enrollment Form

### 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**



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

### Section II. Bank Information

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