



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 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.
- 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

NAME ADDRESS CITY, STATE ZIP 0123
01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ _____

BANK NAME ADDRESS CITY, STATE ZIP DOLLARS

FOR _____

⑆0123456789⑆ 01234567890123⑆ 0123

Your 9-digit bank
ABA routing number

Your bank
account number

Section II. Bank Information

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