



Allied Benefit Systems, LLC  
 P.O. Box 211651  
 Eagan, MN 55121



P 800.288.2078  
 F 312.906.8879  
 E eligibility@alliedbenefit.com

## DIRECT DEPOSIT ENROLLMENT FORM

### SECTION A EMPLOYER/EMPLOYEE INFORMATION

<b>Employer Name</b>	<b>Group Number</b>	<b>Employer Location (if applicable)</b>
<b>Employee Name</b>	<b>Employee SSN</b>	

- You must activate your account on [www.alliedbenefit.com](http://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](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.

*You can confirm your banking details on your checks as shown below.*



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

### SECTION B BANK INFORMATION

<b>Bank Name</b>	<b>Bank Account Type</b>	
	<b>Checking</b>	<b>Savings</b>
<b>Bank Routing Number:</b>	<b>Bank Account Number:</b>	