

New Agreement

Change in Account

Terminate Direct Deposit

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Allegiance Benefit Plan Management, Inc., to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below and depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

Depository Name _____ Branch _____

City _____ State _____ ZIP _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in effect and full force until Allegiance Benefit Plan Management, Inc. has received written notification from me of its termination in such time and in such manner as to afford Allegiance Benefit Plan Management, Inc. and the DEPOSITORY a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored flexible spending plan.

Group Name _____

Name _____ Social Security No. _____

Date _____ Signed _____

STAPLE A VOIDED CHECK, NOT A DEPOSIT SLIP HERE.

Jane A. Doe	0611
1000 Main St.	
Anywhere, U.S.A. 10001	20
PAY TO THE	
ORDER OF _____	\$ _____
	DOLLARS
MEMO _____	
: 256006419 : 03020032178 0611	

TRANSIT NO.

ACCOUNT NO.

CHECK NO.





ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

OFFERS A SERVICE YOU MAY NOT BE AWARE OF . . .

Are you tired of waiting for your Flexible Spending reimbursement check to come in the mail? Would you like the option to have your reimbursement credited to your checking account normally within two business days after it is processed?

Allegiance Benefit Plan Management, Inc. offers the service of direct deposit for your flexible spending reimbursement checks. Your funds can be electronically transferred to your checking account and credited normally within two business days after your claim is processed. To avoid overdrafts to your account, please verify that your checking account has been properly credited. **If you sign up for direct deposit, you will not receive an explanation of benefits notifying you of the deposit. You will only receive an explanation of benefits if there has been a problem reimbursing your claim.** You will receive an explanation of benefits for any claim submitted that is fully denied, and a letter if the claim is partially denied. For approved claims, you can monitor your account activity on the Allegiance web site (www.abpmtpa.com). If you want to receive an explanation of benefits in the mail each time a claim is paid, direct deposit is not for you.

If you would like this service, please complete the form on the other side of this page, and send it to Allegiance Benefit Plan Management, Inc. We are only able to offer this service on checking accounts, not savings accounts at this time. To insure your account is credited correctly, **please attach a voided check, not a deposit slip.** Once your account has been set up, it takes ten working days to pre-note your account, and then your automatic transactions will begin.

Mail to:

ALLEGIANCE BENEFIT PLAN MANAGEMENT INC
ATTN: FLEXIBLE BENEFITS ENROLLMENTS
PO BOX 4346
MISSOULA MT 59806

Fax to:

1-877-424-3539, or
1-406-523-3149