

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

New Agreement Change in Account Terminate Direct Deposit

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 _____

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.

Employer Name _____

Name _____ Participant ID (last 4 required) _____

Email Address (required) _____

Please note: You will receive e-mails from donotrespond@askallegiance.com, please save to your address book to ensure proper delivery.

Date ____ / ____ / ____ Signed _____

ATTACH 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.



DIRECT DEPOSIT FORM

Allegiance Benefit Plan Management, Inc. offers the service of direct deposit for your flexible spending reimbursement checks. *If you sign up for direct deposit*, your funds can be electronically transferred to your checking account and normally credited 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, whenever a claim is processed after 1/1/2009, you will receive an e-mail notification informing you that your explanation of benefits (EOB) is available online.** Once you receive notification you may log in to your account on the Allegiance website and view your EOB. Remember, you must have a password in order to view your account online. You will not receive an EOB through the mail. You can also monitor all of your account activity on the Allegiance website (www.allegianceflexadvantage.com).

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 at this time. To ensure your account is credited correctly, **please attach a voided check, not a deposit slip.** Once your account has been set up, it will take ten business 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

Scan and Submit Electronically to:

<https://secure.abpmpa.com/flexupload>

P.O. BOX 4346, MISSOULA, MONTANA 59806
(406) 721-2222 or (877) 424-3570
Fax: (406) 523-3149 or (877) 424-3539
www.allegianceflexadvantage.com