FLEX ENROLLMENT DIRECT DEPOSIT FORM



If you are not currently using direct deposit:

- Please complete this form and fax to Allegiance (1-877-424-3539).
- · Go to www.askallegiance.com and establish an account password.

If you are already using direct deposit:

- There is no need to sign up again, unless you have a new checking account.
- Please access your online account and verify that your e-mail address is correct.

You will not receive an explanation of benefits (EOB) through the mail. When your e-mail address is included below, you will receive an e-mail notification each time a flex claim is processed. Your EOB is available by clicking on *Claims History*.

Employer Name:	
Name:	Participant ID:
E-mail address (please print):	
Please note: You will receive e-mails from donotres proper delivery.	spond@askallegiance.com. Please save to your address book to ensure
adjustments for any credit entries in error to my accalled BANK, to credit and/or debit the same such Allegiance Benefit Plan Management, Inc. has recemanner as to afford Allegiance Benefit Plan Management	gement, Inc. to initiate credit entries and, if necessary, debit entries and account as indicated below and depository named below, hereinafter account. This authority is to remain in full force and effect until served written notification from me or its termination in such time and agement, Inc. and the BANK a reasonable opportunity to act on it. I ints from my employer-sponsored flexible spending plan.
Signed:	Date:
ATTACH A VOI	DED PERSONAL CHECK HERE.