



Allied Benefit Systems, Inc.
200 W. Adams St. Suite 500
Chicago, IL 60606
p 888.292.0272
f 312.906.9778
alliedbenefit.com

Allied ACH Authorization

Corporate Banking ACH Debit Authorization Release for Invoice Payment

Please send form to the billing department: 312-906-9778 or ACHForms@alliedbenefit.com

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Invoice Payments

***Please Note, payments will automatically be debited on your Monthly billing due date.*

Group Name:	Group Number:	
Address:		
City:	State:	Zip:

Corporate Bank Name:									
Corporate Routing Number:									
Corporate Account Number:									
Account Type:	[] Checking				[] Savings				

Does the above account have an ACH Debit Filter?	[] Yes (See below)	[] No
If yes, please instruct your bank to add the following company ID: <ul style="list-style-type: none">to allow Invoice Payments to go through: 363086057R		

I hereby authorize Allied Benefit Systems, Inc. to initiate ACH transfer entries for the above depository.

Signature: _____ Date: _____

Print: _____ Title: _____