



Allied Benefit Systems, Inc.  
 200 W. Adams St. Suite 500  
 Chicago, IL 60606  
 p 877.411.1015  
 alliedbenefit.com

**Accepted Payment Methods & ACH Enrollment Form – US Benefits**

**Please remember to include your Allied group number on all payments!**

**Reoccurring ACH Payments – Preferred Method:** Please complete and submit the ACH Debit Form attached below to enroll. This option is available for ongoing monthly debits

**Regular Mail/ USPS Overnight:**

Allied Benefit Systems, Inc.  
 P O Box 3711  
 Carol Stream, IL 60132-3711

**Wire Instructions:**

Bank Name: Citibank  
 Acct Name: ABS CFA – US Benefits Premiums  
 Acct Number: 801497632  
 ABA# 271070801

**Allied ACH Authorization**

**US Benefits**

**Corporate Banking ACH Debit Authorization Release for Invoice Payment**

**Please email this form to the billing department at: [ACHForms@alliedbenefit.com](mailto:ACHForms@alliedbenefit.com)**

**Invoice Payments**

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

Group Name:		Group Number: <b>U</b>	
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"> <li>to allow <b>Invoice Payments</b> to go through: 363086057T</li> </ul>

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_