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## **DEBIT CARD ENROLLMENT FORM**

<b>Personal Information</b>				
Employer				
Name	SSN	<del>-</del>		
Address	City		StateZip	
Birth Date		☐ Female	☐ Married	☐ Single
Email Address►				
Care	dholder Use Acknow	ledgement		
<ol> <li>I may only use the card to pay</li> <li>I may not use the card for explain and provide does</li> <li>I will acquire and provide does</li> <li>I have been provided an explain</li> </ol>	penses already reimb	ursed.	penses paid wi the card. ne debit card.	th the card.
Employee Signature:		Date:		
As a security measure your card w throw it away with the junk mail!	ill be mailed in a plai	n white envelop	e. Please be ca	reful not to