



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

STATE OF ILLINOIS

Authorization for Deposit of Recurring Payments

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a voided check.

Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

Payee's Name

Name of Program Agency

Payee Mailing Address (Apt/P.O. Box) City State Zip Code

I, _____, certify the information provided on this form is correct. I authorize and
Type/Print Payee Name
request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Signature of Payee

Date

Work Area Code and Telephone Number

----- Financial Institution Information -----

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

Name of Financial Institution

() -
Financial Institution Area Code and Telephone Number

Branch Address, City, State, Zip Code

Financial Institution Routing Number

Payee Account Number

You must select **one** of the following options: ☐ Direct deposit to my **CHECKING** account.
☐ Direct deposit to my **SAVINGS** account.

Official Use Only

Agency Number

Verification of Routing Number

Verification of Payee Account Number

STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal- or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's Social Security Number. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the Payee Name except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the Name of Program Agency.
4. Type/Print Payee Name in the space provided, sign where indicated (Signature of Payee) and print Date.
5. Type or print the Work Area Code and Telephone Number of the payee or a number where the payee can be reached during the day.
6. Type or print the Name of Financial Institution in which the payee's account resides.
7. Type or print the Financial Institution Area Code and Telephone Number.
8. Type or print the financial institution Branch Address, City, State, Zip Code where the payee's account resides.
9. Type or print the 9-digit Financial Institution Routing Number that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the Payee Account Number that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. You must select one account type to receive recurring payments (**Checking or Savings**). Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. Attach a voided check before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice:

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.