



STATE OF ILLINOIS  
 COMPTROLLER  
 SUSANA A. MENDOZA

# Authorization for Direct Deposit of Payments

## PAYROLL

Sign and return completed form to:

OFFICE OF THE COMPTROLLER STATE OF ILLINOIS  
 Attn: Budget and Fiscal  
 325 W. Adams St., 3<sup>rd</sup> Floor • Springfield, Illinois 62704-1871

1) \_\_\_\_\_  
*Taxpayer Identification Number*

**Please type or print in ink.**

2) \_\_\_\_\_  
*Payee Last Name* *Payee First Name*

3) \_\_\_\_\_  
*Mailing Address (Indicate Suite, Apartment Number, or P. O. Box, if applicable), City, State, Zip Code*

4) (\_\_\_\_/\_\_\_\_/\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_ -- \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Area Code and Telephone Number (Daytime)*

5) \_\_\_\_\_  
*Email Address*

I, \_\_\_\_\_, certify the information provided on this form is correct. I authorize and 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*

**Please attach a voided check (starter checks not accepted) or an account verification letter from your financial institution signed by an authorized official.**

*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.*

6) Select ONE of the following:  Initial Direct Deposit Setup  
 Direct Deposit Change (previous bank information MUST be entered in 11) and 12) below for changes)

7) \_\_\_\_\_  
*Nine-digit Routing Transit Number*

8) \_\_\_\_\_  
*Payee Account Number DO NOT INCLUDE CHECK NUMBER*

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

10) \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Name of Financial Institution* *Financial Institution Telephone Number*

**FOR CHANGES ONLY:**

11) \_\_\_\_\_  
*Previous Routing Transit Number*

12) \_\_\_\_\_  
*Previous Payee Account Number*

(To reduce the risk of errors, please type or print (in ink) the information request on the form.)

1. Enter payee's Social Security Number.
2. Enter Individual Payee Last and Individual Payee First Name.
3. Enter payee's Mailing Address (including applicable suite, apartment or post office box numbers) and the City, State and Zip Code. This should be the address of the payee where mailings from the Comptroller would be directed, if necessary, regarding the direct deposit program.
4. Enter payee's Area Code and Telephone Number.
5. Enter payee's Email Address.
6. After reading the Certification Statement, the Authorizing Person Prints his/her name, Signs where indicated (in ink) and enters the Date the form is signed.
7. Indicate with a check mark whether this is an Initial Direct Deposit Setup (you are NOT currently enrolled in direct deposit with the State of Illinois) or a Direct Deposit Change (you are currently enrolled in direct deposit with the State of Illinois but wish to change your banking information).
8. Enter the Routing Transit Number of the payee's Financial Institution.
9. Enter the designated Payee Account Number. (Attach a voided check or an account verification letter from your Financial Institution signed by an authorized official.)
10. Indicate with a check mark the type of account designated, either Checking or Savings.
11. Enter the name of the payee's Financial Institution, Area Code and Telephone Number.

**FOR CHANGES ONLY:**

13. Enter the Routing Transit Number where payments were being direct deposited prior to this requested change.
14. Enter the Payee Account Number where payments were being direct deposited prior to this requested change.