



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

CONTRACTUAL

Authorization for Direct Deposit of Payments

To apply for direct deposit, simply complete this form, sign and return it to the paying state agency along with a **voided check**.

____/____/____/____/____/____/____/____/____ (← Enter your Taxpayer Identification Number here.)

This is my: Social Security Number
 Federal Employer I.D. Number

Please Print

(Partnership Name or Payee's Last Name)

(Payee's First Name)

Mailing Address (Indicate Suite or Apartment Number, if applicable)

City, State, Zip Code

(____/____/____) ____/____/____ - ____/____/____
Area Code and Telephone Number

E-Mail Address

(____/____/____) ____/____/____ - ____/____/____
Telefax Number

I certify the information provided is correct. I authorize and request the State of Illinois Office of the Comptroller to direct payments for crediting to my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I require no remittance information with my payment. This authorization revokes all prior contractual payment direction requests and is applicable to all contractual payments issued to the above-named payee by the State of Illinois Office of the Comptroller under the designated Taxpayer Identification Number.

Name of Authorizing Person (Please print)

Signature of Authorizing Person

Date

(____/____/____) ____/____/____ - ____/____/____
Area Code and Telephone Number

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

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing number. Any errors in routing or account numbers will cause payments to be sent hard copy to your mailing address.

____/____/____/____/____/____/____/____/____
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.

Name of Financial Institution

(____/____/____) ____/____/____ - ____/____/____
Financial Institution Telephone Number

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INSTRUCTIONS FOR COMPLETING THIS FORM ARE AVAILABLE FROM YOUR PAYING AGENCY. PLEASE CONTACT THEM FOR ASSISTANCE.

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 Direct Deposit of Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Direct Deposit of Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in this direct deposit program.