



ILLINOIS  
DEPARTMENT OF CENTRAL  
MANAGEMENT SERVICES  
P.O. Box 19208, Springfield IL 62794-9208

**STATE EMPLOYEES'  
DEFERRED COMPENSATION PLAN**  
AUTHORIZATION FOR DIRECT DEPOSIT  
OF OPT OUT INCENTIVE PAYMENT  
Scan forms to: [CMS.Ben.DefComp@illinois.gov](mailto:CMS.Ben.DefComp@illinois.gov)  
Fax: 217-782-7640 ~ Office: 217-782-7006

Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the State Employee Group Insurance Act (5 ILCS 375). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination of eligibility. Social Security numbers are used to properly identify members. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.

**Please fill out and return to your retirement system**

I authorize the State of Illinois to initiate electronic credit entries and the financial institution listed below to receive credit entries, and if necessary, reversing credit entries for any credit given in error or not owed to my account, each payment period. This authority will remain in effect until I have canceled it in writing.

1. Name (please print)		2. Social Security #		
3. Payroll Code 37-600		4. Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
5. Financial Institution: Name and City				
6. Account Number		7. Bank Transit Routing Number (9 digits)		
8. Signature		9. Date		10. Primary Phone

**Form Completion Instructions**

- Name** – Print your first name, middle initial and last name.
- Social Security Number** – Indicate your 9-digit social security number.
- Payroll Code** – Pre-filled – no response required.
- Checking or Savings Line** – Indicate whether your direct deposit account is a checking or savings account by checking the appropriate box.
- Financial Institution Name and City** – Print the name and city of the financial institution at which you bank.
- Account Number** – Indicate your account number. If depositing into a checking account, the account number is found on the MICR line at the bottom of your personal check.
- Bank Transit Routing Number** – Indicate the 9-digit bank transit routing number found on the MICR line on the bottom of your personal check.
- Signature** – Sign the form.
- Date Field** – Print the date the form was completed.
- Home Phone Number** – Indicate your home phone number.

**NOTE: Attach a voided check to the signed authorization form and return to the Group Insurance Representative at your retirement system (address below):**

- State Universities Retirement System (SURS)**  
1901 Fox Drive, P.O. Box 2710, Champaign, IL 61825-2710
- State Employees' Retirement System (SERS), Judges' Retirement System (JRS) and General Assembly Retirement System (GARS)**  
2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255
- Teachers' Retirement System (TRS)**  
2815 West Washington, P.O. Box 19253, Springfield, IL 62794-9253