STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER

State Employee Reimbursements
Authorization for Direct Deposit of Payments

Agency Contact: Fiscal Operations, Vouchering Unit
Illinois Department of Healthcare & Family Services
2200 Churchill Road, Building A-2
Springfield, IL 62702
Telephone: 217/782-1506

___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___
Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

_____ _____
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

(__/ __/ __) __/ __/ __/ – __/ __/ __/ __/
Telefax Number

Under penalties of perjury I certify that the social security number shown above is my correct taxpayer identification number and all other information provided on this form is correct. I authorize the State of Illinois Office of the Comptroller to direct payments for crediting in my account at the financial institution designated on this form and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I require no remittance information with my payment. If a direct deposit payment cannot be made, I understand that payment will be mailed to the payee address that appears on the payment voucher. This authorization is applicable to all Commercial payments issue by the Comptroller to the payee's Taxpayer Identification Number, except where authorized by the payee for other State programs.

_____ _____ _____
Name of Authorizing Person (Please print) ***Original Signature of Authorizing Person*** *Date*

(__/ __/ __) __/ __/ __/ – __/ __/ __/ __/
Area Code and Telephone Number

_____
E-mail Address (If applicable)

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

NOTE*: It is recommended that you contact your financial organization to verify the transit routing number. Vendors needing remittance should also notify their organizations that State payments will be transmitted in the Corporate Trade Exchange (CTX) format with multiple addenda records.*

__/ __/ __/ __/ __/ __/ __/ __/ __/
Bank Routing Number

__/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/
Payee Bank Account Number ***DO NOT INCLUDE CHECK 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

SCO-400-R 2/12

*Agency Verification:*_____

*Date:*_____

IMPORTANT INFORMATION
ABOUT DIRECT DEPOSIT FOR STATE EMPLOYEES

1. The Comptroller's Office has developed a special process for employees of the State of Illinois to sign up for direct deposit of all State reimbursement payments. Because this program is administered in cooperation with state agency personnel, employees are able to bypass several steps in the normal enrollment process for direct deposit of these payments.
2. Pursuant to 15 ILCS 405/9.03(b), all State payments for an employee's expense reimbursement must be made through direct deposit. If a State agency pays an employee's expense reimbursement without using direct deposit, the Comptroller's Office may charge that employee a processing fee of $2.50 per paper warrant.
3. You must authorize all State of Illinois commercial payments to be direct deposited into the same checking or savings account. This includes, but is not limited to, travel reimbursements and all other State reimbursement payments. Direct deposit of payroll and State income tax refunds are not affected.
4. When you receive direct deposits for your State reimbursement payments, no hard copy remittance is available. Keep copies of your reimbursement documentation (e.g., travel vouchers) so that you can match them with your electronic payments and promptly report any payment discrepancies to the agency contact person listed on the front of this form. Once your agency's vouchers are received and processed successfully by the Comptroller's Office, payment information is available on the Comptroller's web site in the *Vendor Payments* section at http://www.ioc.state.il.us. Instructions for accessing payment information are available on the *Vendor Payments* log-in screen.
5. To sign up for direct deposit, you must complete the Comptroller's customized *State Employee Reimbursement Authorization for Direct Deposit of Payments* form (SCO-400-R) on the reverse side. In order to ensure accuracy, you should contact your financial institution to verify your routing and account number information.
6. Return the completed form to your agency contact. The contact person will review the form for accuracy and completeness, and then forward the original form to the Comptroller's Electronic Commerce Unit (EC) for processing. The agency contact person will maintain a copy of the form.
7. When the Comptroller's EC staff receives the form, they will validate the information against the Comptroller's records and send a prenote "test" transaction to verify the financial institution information. If no problems are encountered in the next six banking days, eligibility is established. If problems occur, the EC staff will notify the agency contact person.

The entire enrollment process should take approximately two weeks. If you change financial institutions or bank account information after you are enrolled successfully, you will need to start the enrollment process again by completing another SCO-400-R authorization form. Write the word "Change" on the form and submit to the agency contact.

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 TIN to persons, such as the State of Illinois, who must file information returns with the IRS to report interest, dividends, and certain other 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 Illinois 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 the Illinois Direct Deposit program.*

Prompt Payment Notice: *Payment of interest may be available if the State fails to comply with the State Prompt Payment Act (Ill. Rev. Stat. 1991, ch. 127, par. 132.400 et seq.) [30 ILCS 540].*