



## Pay Warrant Information

**Direct Deposit Program:** The State of Illinois actively participates in the Direct Deposit Program. Because this program offers so many benefits, all new employees are required to enroll in the program and have their salary payments automatically deposited into the bank account of their choice. Benefits of the Direct Deposit Program include:

- Salary payments are electronically deposited each pay date.
- Many banks offer free checking to customers on direct deposit.
- No chances of lost, stolen, or damaged paper pay warrants.
- Avoid unnecessary bank teller fees.
- Less trips to the bank.
- It is simple, safe, reliable, and convenient.

The Illinois Office of the Comptroller (IOC) may charge a processing fee of \$2.50 for each hard copy warrant for those not participating. If necessary, you may file a hardship petition requesting an exemption from the direct deposit mandate. Hardship petitions are available for download on the Comptroller’s web site.

Your first pay warrant is mailed to your home. All future pay warrants are electronically deposited into your bank account on the designated pay date and available to you as designated by Department in the chart below.

To enroll in the Direct Deposit Program, fill out the top portion of the enclosed Authorization for Deposit Agreement and take it to your financial institution to complete the financial institution information. Attach a voided check; please do not substitute a deposit slip for the voided check. This form should then be sent, *along with a voided check*, to the Administrative and Regulatory Shared Services Center to start the Direct Deposit process. If you are enrolling to have your pay warrant deposited into a savings account, a voided check is not required. You may fax the documents to (217) 785-7702 or mail it to the address shown below:

Administrative and Regulatory Shared Services Center  
 Payroll Section  
 101 W. Jefferson St., 5-110  
 Springfield, IL 62702

	<b>CMS, DFPR, &amp; DOI</b>	<b>DOR &amp; DOL</b>	<b>DOR/Liquor Commission</b>	<b>IGB &amp; IRB</b>
<b>Pay dates each month*</b>	10th & 25th	13th & 28th	15th & 31st	13th & 28th
<b>Pay stub delivery method</b>	EPASS online system via <a href="http://www.epass.illinois.gov">www.epass.illinois.gov</a>	EPASS online system via <a href="http://www.epass.illinois.gov">www.epass.illinois.gov</a>	EPASS online system via <a href="http://www.epass.illinois.gov">www.epass.illinois.gov</a>	EPASS emails to work email

\*If the pay date is on Saturday, Sunday, or holiday, the direct deposit will be made on the preceding date (i.e., the 7th is on a Sunday, direct deposit will be on the 5th which is a Friday).

Thank you in advance for your participation.

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.

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(Please type or print in ink)

Social Security Number (Taxpayer Identification Number)

Payee 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 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.

Type/Print Payee Name

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.*