



Authorization for Direct Deposit

Please fill out and return to the Deferred Compensation Office

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. This authority will remain in effect until I have canceled it in writing.

PLEASE NOTE: Your first check will be mailed to the home address we have on file.

1. Name (please print)		2. Soc. Sec. Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Address		4. Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
5. Financial Institution Name, City		Financial Institution Phone Number	
6. Account Number		7. Bank Transit Routing Number (9 digits) : <input type="text"/> :	
8. Signature		9. Date	10. Home Phone Number

Form Completion Instructions

1. Name - Print your first name, middle initial and last name.
2. Social Security Number - Indicate your 9 digit social security number.
3. Print your city, state and zip code.
4. Checking or Savings Line - Indicate whether your direct deposit account is a checking or savings account by circling the item provided.
5. Financial Institution Name, City and Phone Number - Print the name, city and phone number of the financial institution at which you bank.
6. 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.
7. Bank Transit Routing Number - Indicate the 9 digit bank transit routing number found on the MICR line on the bottom of your personal check.
8. Signature - Sign the form.
9. Date Field - Print the date the form was completed.
10. Home Phone Number - Indicate your home phone number.

NOTE: Attach a voided check to the signed authorization form and return to the CMS Deferred Compensation Office, 201 E. Madison, P.O. Box 19208, Springfield, IL 62794-9208