



Manual Check Remittance Form for Debit Card Transactions

Employee/Account Holder's Name: _____

Employee/Account Holder's SSN: _____

Employer Name: State of Illinois

Check Number: _____ Check Amount: _____

Apply check amount to the following transactions (information located on statement):

Ref#: _____

Transaction Date: _____

Transaction Amount: _____

Reason for Manual Payment:

- () Unable to locate documentation/year end payback
- () Card transaction was not eligible and/or partially ineligible
- () Other: Please explain

MAILING INSTRUCTIONS

Attach check and mail to:

FBMC/WW
P. O. Box 1878
Tallahassee, FL 32302-1878