

email.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I, hereby authorize the Illinois State Disbursement Unit, (SDU) to initiate credit entries for deposit of child support payments and if necessary, to initiate debit entries and adjustments for any credit entries made in error to my account at the Depository Institution named below.

Name and Location	on of Bank _				
Dank Douting Nu	mhan	Name of bank	City	State	Zip
Bank Routing Nu	inder _	9-digit routing	g number		
Bank Account Nu	ımber	-	<i>.</i>		
`his authorization is	s to remain in f	full force and effect until	l the SDU has rece	eived written	notificati
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To receive notification on the status of your direct deposit application via a text message or an email from the State Disbursement Unit please provide the requested information below with your preferred method of notification.

Mobile phone number:	_
(Standard Text Messaging rates may apply)	(Please print and write clearly)
Preference (Circle One): Text Message Email Mes	sage
If both mobile phone number and email address are provided but	no preference is indicated the notification method will default to