

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 |
|                                           |                                      | manner as to afford the S   |                             |               |            |
|                                           | E-11 N.                              |                             |                             |               |            |
|                                           | FIIII Name:                          |                             |                             |               |            |
| Daytime Phon                              | Full Name:<br>ne Number:             |                             |                             |               |            |
| Daytime Phon                              |                                      |                             |                             |               |            |
|                                           | ne Number:                           | nich direct deposit auth    |                             |               | ly:        |
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| List all the docket 1<br>-<br>-<br>-<br>- | ne Number:<br>numbers to wh<br>Docke | nich direct deposit auth    | orization agreeme<br>Issuin | ent will app  |            |

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 |