



ILLINOIS
STATE DISBURSEMENT UNIT
P.O. Box 5921
Carol Stream, IL 60197-5921
Customer Service: (877) 225-7077

DIRECT DEPOSIT CANCELLATION FORM

First Name: _____

Last Name: _____

Address: _____

Phone Number: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

List all docket/case numbers to which the direct deposit cancellation will apply:

Issuing County	Docket/Case Number
_____	_____
_____	_____
_____	_____
_____	_____

I _____, do not want my child support payments to be paid via direct deposit anymore.

Signature (required)

Date

Please fax the complete form to (630) 221-2312 or mail to the Illinois State Disbursement unit at the above address.

If you would like to receive notifications from the State Disbursement Unit that there has been a disbursement on your child support case listed above, please complete the requested information below.

Mobile phone number: _____
(Standard Text Messaging rates may apply)

Email: _____
(Please print and write clearly)

Preference (Circle One): Text Message Email Message

If both mobile phone number and email address are provided but no preference is indicated the notification method will default to email.