

# DIRECT DEPOSIT AUTHORIZATION

I (we) hereby authorize Illinois Child Care Bureau, hereafter called "Company", to initiate credit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

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(Financial Institution Name)

(Branch)

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(Address)

(City/State)

(Zip)

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(Routing & Transit Number)

(Account Number)

Account Type:      \_\_\_\_\_ Checking/Draft      \_\_\_\_\_ Savings/Share

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

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Recipient Signature

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Date

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Printed Name

**Please attach a voided check or financial institution account verification letter to this form.**