

DIRECT DEPOSIT AUTHORIZATION

I/We hereby authorize the **Illinois Child Care Bureau**, hereafter called "Company", to initiate credit entries and, if necessary, debit correction and adjustment entries to account at the financial institution listed below.

Please complete.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Bank Account Number)

(Bank Routing & Transit Number)

Account Type: Checking

Savings

This authority is to remain in full force and effect until "Company" has received written notification from the recipient(s) of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it. *One signature is required. If the DCFS license is in two names, then both names/signatures are required.*

Recipient Signature

Recipient Signature

Printed Name

Printed Name

Date

Date

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