



# Authorization for Deposit of Public Assistance Warrant

Please Print:

Case Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Case Identification Number: \_\_\_\_\_

Completion of this form is voluntary and does not affect eligibility for assistance.

## A. TO BE COMPLETED BY CLIENT

I authorize and request the Department of Human Services to send my assistance payments to my bank, savings and loan, or credit union for deposit in my account. If I receive an incorrect deposit from the Department, it may adjust my account to correct the mistake. This authorization does not affect my right to receive assistance. This authorization takes the place of all previous authorizations regarding where my assistance checks are sent. I understand that the bank, savings and loan, or credit union may cancel this agreement by notifying me, and I may cancel it by telling the Department.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Social Security Number: \_\_\_\_\_  Checking Account  Savings Account

Take this form to your bank, savings and loan, or credit union and ask them to complete Section B OR Attach your deposit slip to this form and mail it to the address below.

## B. TO BE COMPLETED BY THE BANK, SAVINGS AND LOAN, OR CREDIT UNION

Please note: Do not enter a depositor account number or more than sixteen (16) digits.

Name of Bank/Savings and Loan/Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

We, the designated financial organization, agree to receive and deposit sums for the payee named above. We understand the payee has the right to cancel this authorization. We reserve the right to cancel the agreement by notice to the payee.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form to:  
Illinois Department of Human Services  
Direct Deposit  
P.O. Box 19401  
Springfield, Illinois 62794-9401