



**Direct Deposit System - Disenrollment Action**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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I no longer wish to have my regular monthly cash assistance deposited directly into my bank, savings and loan, or credit union account.

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

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Your cash assistance will no longer be deposited into your bank, savings and loan, or credit union account because your case was assigned a protective payee or guardian.

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Effective \_\_\_\_\_, your cash assistance will be credited to your Illinois Link account.

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Local Office Stamp

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Caseworker