



Electronic Funds Transfer Authorization

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Account Number: _____ Name of Account Holder: _____

Daytime Phone Number: _____ Your Financial Institution's Name: _____

Your Financial Institution's Phone Number: _____ Financial Institution Routing Number: _____

Your Checking Account Number: _____ IDA Savings Account Number: _____

When Would You Like Your Monthly Drafts to Occur? _____ 1st _____ 15th

Account Holder Signature _____ Date: _____

This authorizes Illinois Department of Human Services to debit my checking or savings account for my monthly IDA savings. I understand that I must continue to remit payment and I must maintain sufficient funds in my account to cover the total Electronic Funds Transfer debit amount. If payment is not received by the end of the grace period, the Illinois Department of Human Services may end my participation in the Individual Development Account project. Either I, or the Illinois Department of Human Services, can terminate this authorization at any time by giving 30 days written notice to the other party. Or I can cancel by calling the National City Bank customer service department at 800-822-5626. My request will take 10 days to process.

A COMPLETE ASSET\$ILLINOIS APPLICATION INCLUDES

1. A copy of your 2008/2009 Federal Tax Returns
2. A signed application
3. A signed participant Agreement
4. A copy of all three recent credit reports (within 60 days) try creditexpert.com
5. An Electronic Funds Transfer Authorization
6. An ACH Debit Authorization
7. A voided check
8. A copy of your identification card
9. A copy of your Social Security Card
10. Two most recent check stubs for all working members in your household
11. A most recent bank statement
12. A complete Net Worth sheet