



HOME SERVICES PROGRAM - DIRECT DEPOSIT CANCELLATION FORM

Provider Name (Last,First)	
Account # Last 4	
SSN # Last 4	
Provider Email	
Provider Phone	
Provider Current Address	
Notes	

I wish to cancel the direct deposit of my wages to the account number mentioned above.

 Signature

 Date

*** Electronic and digital signatures are not acceptable.*

If you have any questions, please contact Home Services payroll office at **217-785-7790**.

Please mail, email, or fax the completed form to:

Email	DHS.HomeServicesPayroll@illinois.gov
Fax	217-524-2353
Mail	Illinois Department of Human Services Home Services Payroll 100 South Grand Avenue East, 1st Floor Springfield, IL 62762