State of Illinois Department of Human Services
Developmental Disabilities
Vendor Fiscal/Employer Agent Services
Consumer Choice…Consumer Control

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Date: _____

Name: _____

I hereby authorize the payroll service, Avenues to Consumer Services and $upport, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Banking account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same account.

Bank _____

Address _____

City _____

State _____

Zip _____

☐ Transit/ABA # _____

Choose One Only (Checking will be the Default)

☐ Checking Account # _____

☐ Savings Account # _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND BANK a reasonable opportunity to act on it.

For confirmation of the transit and account numbers, I have enclosed a copy of a voided check for Checking Accounts or a Deposit Slip for Savings Accounts.

Signature: _____ Date: _____