

Governor Bruce Rauner Acting Director Raymond Poe

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-2172 • TDD 217/524-6858 • Fax 217/524-5960

Authorization for Direct Deposit of Payments

Agency Contact: Julie Ressler Illinois Department of Agriculture PO Box 19281, Springfield, IL 62794-9281 Telephone: 217-785-7799 Fax 217-524-5960

	Email: Julie.ressler@illinois.go	OV .
Social Security Number (Taxpayer Id	 dentification Number)	(Please type or print in ink)
Payee's Last Name		Payee's First Name
Mailing Address (Indicate Suite or A	Apartment Number, if appl	icable)
City, State, Zip Code		
Area Code and Telephone Number		
PLEASE ATT	ACH COPY OF VOI	DED CHECK
Department of Agriculture to direct processing designated on this form and to initiate in error. I require no remittance informade, I understand that payment will	e, if necessary, debit entries a rmation with my payment. I be mailed to the payee addro	and adjustments for any credit entries If a direct deposit payment cannot be ess that appears on the invoice.
Name of Authorizing Person (Please Print)	Signature of Authorizing Person	Date
Area Code and Telephone Number	E-mail Address	
NOTE: It is recommended that you contact your fina also notify their organizations that State payments records.		outing number. Vendors needing remittance should
Bank Routing Number	Payee Bank Account Number DO NOT INCLUDE CHECK NUMBER	
You must select one of the following options:	·	it to my CHECKING account. it to my SAVINGS account.
Name of Financial Institution	Financial Institution Telephone N	Number