Questions about direct debit transactions or to revoke authorization of payment
Call 1-877-895-9094

Healthcare and Family Services
Bureau of Fiscal Operations
AUTHORIZATION FOR DIRECT DEBIT

Completion of this form is optional.
*Please **print clearly** when completing this form.*

Mail completed form to:
Healthcare and Family Services
Bureau of Fiscal Operations
PO Box 19138
Springfield, IL 62794-9138

Applicant's Case Information – Please complete the following section

Social Security Number ____________ Name ____________

Court Docket Number ____________ Case I.D. Number ____________

Account Holder – Please complete the following section

Name ____________

Mailing Address ____________

City, State and Zip ____________

Financial Organization Information – Complete the following section or attach a voided check to this form.

Name of Financial Institution ____________ Bank Phone Number ____________

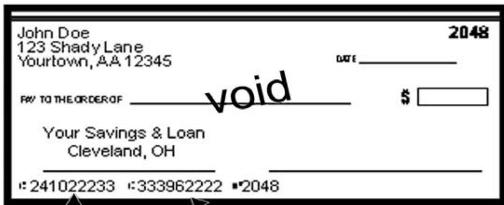
☐Checking ☐Savings

Branch Address, City, State, Zip Code ____________

__/__/__/__/__/__/__/__/__ Routing Number

__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Account Number

____________ **Debit Amount**



As a duly authorized signer on the account supplied above, I authorize the Bureau of Fiscal Operations to initiate debit entries to my account above ☐**one-time only** ☐**each month** on the _______ day of the month (check one) and to debit the account for the amount indicated above. If the account cannot be debited, I understand and accept full responsibility for ensuring that my child support obligation is paid. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the Illinois Department of Healthcare and Family Services has received written notification of its termination in such time and in such manner as to afford the Illinois Department of Healthcare and Family Services and the financial institution above reasonable opportunity to act on it.

Authorized Signature ____________ Date ____________ Telephone Number ____________