

Direct Deposit Form (Authorization / Modification / Cancellation)

FORM MUST BE COMPLETED IN INK

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
Social Security #: _____
Claimant Signature: _____ Date: ____ / ____ / ____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

INSTRUCTIONS: If you are applying for Direct Deposit or changing your bank information and want to continue with Direct Deposit and you are enclosing a voided personal check, check the appropriate box in Section A only and sign above. If you are **not** enclosing a voided personal check, check the appropriate box in *Section A*, sign above, and then have a representative of your financial institution complete *Section B* **before** you return this application to us. If you are discontinuing Direct Deposit, you only need to check the box in *Section C* and sign above on this form to cancel.

Mail or Fax the completed application to:

MAIL
Illinois Department of Employment Security
IDES/Banking Services
P.O. Box 804600
Chicago, IL 60680

FAX
Banking Services at (312) 793-1231

Section A: Authorization or Modification of Direct Deposit

I authorize the Illinois Department of Employment Security (IDES) to pay my Unemployment Insurance (UI) or Trade Readjustment Allowance (TRA) benefits by DIRECT DEPOSIT via credit entries, to the account shown on the attached Personal Original Voided Check. (I understand that my name must be preprinted on the check, and that the check should not be stapled or taped to this form), OR, in the event I am not enclosing a check, to my account identified in Section B below. (I understand that I must have a representative of my bank complete Section B if I am not attaching a voided personal check with my name preprinted on it). I understand that I will be issued Debit Card Payments until my Direct Deposit request is processed. I acknowledge that by signing this Authorization form, I am agreeing to the terms and conditions of the Authorization Statements that accompany this form. Further, I authorize IDES to correct any erroneous credit entries via debit entries as necessary.

Check here if you are already authorized for Direct Deposit and want your benefits to be deposited into a different financial institution and/or account.

IF YOU ARE NOT ENCLOSING A VOIDED CHECK THE FOLLOWING SECTION MUST BE COMPLETED BY A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION BEFORE YOU SUBMIT THIS APPLICATION TO IDES

Section B: Bank Information (To be completed by Financial Institution if you are not enclosing a Personal Check)

Bank or Financial Institution: _____ **For Savings Account Please Check the Box**
Routing Number: _____ Account Number: _____
I, representing the financial institution, confirm the identity of the account holder, routing number, and the account number.
Bank Representative: (Print) _____ Telephone #: () - _____
Signature of Bank Representative: _____ Date: ____ / ____ / ____

Section C: Cancellation of Direct Deposit (Check Box if you are cancelling Direct Deposit)

Last four digits of the financial institutions account being used for Direct Deposit: _____
I hereby request that all Unemployment Benefit Payments being made to me by Direct Deposit be stopped and that any future payments be made by Debit Card. I understand that a benefit payment made to me after I have closed the account will still be sent to that account if I closed it before IDES had the opportunity to comply with this request, and that, in such case, the financial institution where I held the old account may return that payment to IDES, and any such payment will automatically be reissued by debit card.

Direct Deposit Authorization / Modification / Cancellation Statements

- A. After your authorization of direct deposit into a financial institution account takes effect, any unemployment benefits you receive from the Illinois Department of Employment Security (IDES) will be deposited directly into that account, until one of the following occurs:
- IDES has received and processed notice of cancellation of the authorization, either in writing or online at IDES' direct deposit website. Please allow time for IDES to comply
 - IDES has received and processed notice of authorization for direct deposit into a new account, either in writing or online at IDES' website.
 - A benefit payment directed to that account is returned to IDES by the financial institution
- B. If you change your bank account and wish to continue with direct deposit, you must either go to the IDES' Website, www.ides.illinois.gov and complete the Direct Deposit Form online to change your account information, or complete and mail (or fax) to IDES a new Direct Deposit Form. You do not have to request a cancellation of your old account. If you mail or fax a new form, you must include a blank voided check from the new account with your name pre-printed on it, **or** if a voided personal check with your pre-printed name is not available, a representative from your financial institution must complete Section B of the form. The new form must be submitted to the address at the top of the form or faxed to IDES' Banking Services at (312) 793-1231 (unless you make direct deposit changes online at the IDES website).
- C. To cancel direct deposit, you may either (1) cancel online at the IDES website, (2) complete Section C of the Direct Deposit Form, which is available at all IDES local offices and via the IDES website, and mail it to the address at the top of the form or fax it to IDES Banking Services at (312) 793-1231, or (3) visit your local office, fill out Section C of a Direct Deposit Form and they will fax it to IDES Banking Services for you.
- D. Before you close a bank account to which you have authorized direct deposit, you should submit an authorization for direct deposit into a new account (see item B above) or request a direct deposit cancellation (see item C above) and allow time for IDES to comply. Your benefit payment sent by direct deposit to an account you have closed will be returned to IDES.
- E. If your direct deposit payment is returned to IDES by your financial institution, it will be automatically reissued to you via debit card unless you correct your financial information online, or resubmit your application for direct deposit with corrected information **within seven calendar days** from the date your bank returned the payment to IDES. Any subsequent payments will also be issued to you via debit card until IDES has received and processed your corrected bank account information.
- F. It is your responsibility to immediately contact your local office and return benefits that you are ineligible for because of unreported employment, earnings or any other reason.
- G. Any false statement or failure to disclose a material fact in order to obtain or increase your benefits may result in criminal prosecution and disqualification from benefits, and will require repayment of any funds improperly deposited to your account.
- H. By electing direct deposit, you authorize IDES to receive information from your financial institution regarding your account to investigate and/or resolve any discrepancies or errors in the receipt of UI benefit payments.
- I. By electing direct deposit, you authorize IDES and your financial institution to correct any error in the direct deposit of benefits to your account.
- J. IDES is NOT responsible for errors in the bank transit routing number or in the account number as submitted by you, either on the Direct Deposit Form or online at the IDES' website, and is not responsible in the event that the financial institution you have selected does not accept direct deposits.
- K. It is your responsibility to update and keep your mailing address current.
- L. All transactions with your account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules.