



**Illinois State Treasurer's Office
Attn: Warrant Division/Forgery Section
1 East Old State Capitol Plaza
Springfield, IL 62701
Phone: (217) 782-4117**

AUTHORIZATION FOR DIRECT DEPOSIT OF FORGERY REIMBURSEMENT

If you choose to have your forgery reimbursement deposited into your account, complete this form, sign and return it ***with a deposit slip*** to the address listed above.

PLEASE PRINT

Social Security Number/Tax ID Number

Payee Name

Payee Mailing Address (Apt/P.O. Box) City State Zip Code

I, _____, certify the information provided is correct. I authorize and request the Illinois State Treasurer to direct my payment for crediting in my account indicated at the financial organization designated below.

Signature of Payee

Date

Telephone Number

FINANCIAL ORGANIZATION INFORMATION

NOTE: It is recommended that you contact your financial organization to verify your correct transit routing number. Any errors in routing or account numbers will result in a draft being issued directly to you.

Name of Financial Organization

Financial Organization Area Code & Telephone Number

Branch Address, City, State, Zip Code

*Financial Organization Routing Number
(Found on the left hand side of the Deposit Slip)*

Payee Account Number

You must select **one** of the following options:

- ☐ Direct deposit into my **CHECKING** account
☐ Direct deposit into my **SAVINGS** account