



**Authorization Agreement  
for  
Automatic Deposits (ACH Credits)**

I hereby authorize **Illinois Action for Children**, hereinafter called Company to initiate Credit Entries and to initiate, if necessary, Debit Entries and adjustments for any Credit Entries made in error to my bank account indicated below, at the financial institution named below, hereinafter called Depository.

**DEPOSITORY (Financial Institution):**

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA No: \_\_\_\_\_  
(9-digit # located at the bottom left corner of your check or deposit slip)

**MY ACCOUNT:**

Account Number: \_\_\_\_\_

Type of Account: (select one)      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

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

Signature: \_\_\_\_\_ Provider #: \_\_\_\_\_

Name: (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

**(Attach copy of voided check here)**