



Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard®Card, we will update our records and you will receive your Illinois Debit MasterCard in the mail. Activate your card immediately by calling the toll free number (1-866-338-2944) and follow the instruction on the materials enclosed with your card. Make sure we have your correct address.

Your card will not be forwarded.

In order to get a Illinois Debit MasterCard:

- * **Attach a copy of your current Driver's License or State I.D. card**
- * You MUST fill in all the blanks in the section you are completing (Section 1 to start card use, section 2 to stop card use.)
- * All information must be clear and readable
- * Once you choose the Illinois Debit MasterCard your payments will continue on the card until a written cancellation Payment Option Form is received and processed at DHS.
- * You MUST send the form to: **Department of Early Childhood
Expenditure Accounting Debit Card Project
313 S. 6th St., 3rd Floor
Springfield, Illinois 62701**

COMPLETE ONLY ONE SECTION BELOW: If you want to START using the Illinois Debit MasterCard, complete section 1. If you have a card now and wish to STOP using it, complete Section 2.

SECTION 1 (To request a new Illinois Debit MasterCard)

Illinois Debit MasterCard®Card Payment Option - All blanks in this section below MUST be completed

Social Security Number: _____

Daytime Phone: _____
(include area code)

**Enter "N/A" if you do
not have a phone**

Enter your name below as it appears on your Social Security Card or on your current IDEC payment checks:

Last Name: _____ First Name: _____ Middle Initial: _____

Doing Business As Name: _____ (Use this line for your DBA, if licensed with one)

Mailing Address: (Indicate Street, Apartment Number, Floor)(Street # and Name: with St. Ave, Ct, Apt. #, Floor)

City: _____ State: _____ Zip Code: _____

I authorize the State of Illinois Office of the Comptroller to direct payment for deposit to the Illinois Debit MasterCard card account as directed by the paying State agency. I understand the card will be sent to me by mail and my payments will be held by the bank until I withdraw them using my Illinois Debit MasterCard card. I further authorize the Comptroller to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all Child Care payments issued by the Comptroller to the below named payee as identified by its designated payee identification number.

I understand the Illinois Debit MasterCard is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. I further certify that I am at least 18 years of age.

Signature: _____ Date: _____

With this signature, I certify that the information provided above is accurate.

All blanks above MUST be completed in order to request a Illinois Debit MasterCard.

SECTION 2 (To cancel your Illinois Debit MasterCard)

☐ I would like to **CANCEL** use of my Illinois Debit MasterCard and receive my payments the way I did before requesting the Debit card (either paper check or Direct Deposit).

If you were using Direct Deposit, and that bank account is now closed, your next payment may be delayed and possibly will come in the mail. Child Care providers must contact The Office of the Comptroller Direct Deposit Unit at (217) 557-0930 if the account has changed or closed.

Reason for Card Cancellation: _____

Print Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.