



State of Illinois
Department of Central Management Services

PAYROLL DEDUCTION AUTHORIZATION FORM

New Change Revocation

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.

Business/Organization Name _____
Payee Name _____ Payee Code No. _____

Employee Name _____
Last Name _____ First _____ Middle _____

Street _____ City _____

Social Security Number _____

Agency: Central Management Services

Deduction Amount: Per Pay Period \$ _____ Effective immediately unless an Effective Pay Period is listed below

Effective Pay Period * $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} - \frac{\text{DD}}{\text{DD}} / \frac{20}{\text{YY}}$ *Pay Period options: 1. 1st - 15th or 2. 16th - end of month

Date _____

Signed _____

Instructions for Completion

Please complete the form in full including your signature and send to CMS payroll.
THIS FORM CANNOT BE USED FOR UNION MEMBERSHIP DUES.

Mailing Address:

CMS Payroll
Stratton Office Building, Room 704-50
401 S. Spring Street
Springfield, IL 62706

Or you can fax the signed completed form to ATTN: Payroll Section at 217-558-0526.

Privacy Act Notice:

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.