



INSTRUCTIONS		
For submitting claims for offset to the Illinois Office of the Comptroller (IOC), Claiming Entities (CEs) must complete this User Authorization form and return to IOC.		
Field	Local Debt Recovery Program	State Agency
Entity Name	Local Claiming Entity name	Agency name
Department	Department name	Division name
Entity ID	Blank. To be assigned by IOC	5-digit agency code
Chief Officer	Chief Officer named on IGA	Agency head
User Coordinator	This user is given administrative privileges to manage users of the IDROP system on the claiming entity's behalf, excluding the ability to assign file submission authority which can only be assigned by the Chief Officer.	

CLAIMING ENTITY	
ENTITY NAME: (30 characters maximum)	_____
DEPARTMENT: (30 characters maximum)	_____
ENTITY ID: (If Known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHIEF OFFICER NAME:	_____
CHIEF OFFICER EMAIL:	_____
USER COORDINATOR NAME:	_____
USER COORDINATOR EMAIL:	_____

AUTHORIZING SIGNATURE
The Authorized Signature of the Chief Officer below will be kept on file for use as a certifying signature for each file transmitted to the Illinois Office of the Comptroller. Only employees of the entity who are granted the appropriate security privileges by the Chief Officer will have authority to generate and submit these files on the Chief Officer's behalf. This authority cannot be granted to third parties. In addition, by signing below, the Chief Officer promises to treat their login information as confidential and will not provide that information to employees, agents or any other third parties for the purpose of accessing the IDROP system. Any violation of these terms and conditions may result in dismissal from the program.
<div style="border: 1px solid black; width: 500px; height: 40px; margin: 0 auto;"></div> Date ____/____/____

System Administration Use Only:		
Debt Codes:	Category:	Carry TIN:
Program Mgr:		
SCO-501i – 9/23/13		