STATE OF ILLINOIS
COMPTROLLER

DIRECT DEPOSIT HARDSHIP PETITION

Agency Contact: Direct Deposit Hardship
Office of the Comptroller
325 W. Adams Street
Springfield, IL 62704
DDHardship@mail.ioc.state.il.us

Pursuant to 15 ILCS 405/9.03(b), all State payments for an employee's payroll or an employee's expense reimbursement must be made through direct deposit. Any State employee requesting an exemption from this direct deposit mandate due to hardship may petition for hardship status. You will be notified via e-mail that your hardship petition has been approved or denied at a later date.

SECTION 1: CONTACT INFORMATION

Name:_____
(LAST) (FIRST) (MI)

Address: _____

City: _____ State:_____ Zip:_____

State Agency (Employer):_____

Daytime Phone:_____ E-mail: _____

Re-enter e-mail for verification: _____

SECTION 2: TAXPAYER IDENTIFICATION

Social Security Number*: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

*A copy of the IOC's Identity Protection Policy can be found on our website at:
http://www.ioc.state.il.us/index.cfm/resources/general-resources/identity-protection-policy/

SECTION 3: REASON FOR HARDSHIP *(Attach additional pages if necessary.)*

_____

_____

_____

_____ _____
Signature *Date*

FOR OFFICE USE ONLY: ___ Approved ___ Denied Date Notified: _____ - _____ - _____

_____ _____
Signature *Date*