

Illinois Department of Professional Regulation

**Authorization for License Renewal Payments**

The undersigned hereby authorizes the Illinois Department of Professional Regulation to initiate the Automated Clearinghouse (ACH) debit entries to the account at the Financial Institution designated below, for the purpose of collecting license renewal fees on behalf of employees/contractors of the undersigned company. All fees shall be in compliance with the applicable Illinois Acts and Rules pertaining to the licenses being renewed.

Company Name \_\_\_\_\_  
(Please type or print all information)

Financial Institution Name \_\_\_\_\_

Account Name \_\_\_\_\_

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

Nine Digit Routing Transit Number of Financial Institution \_ \_ \_ \_ \_

Account Number to be Debited \_ \_ \_ \_ \_  
(Please fax a voided check with this form to the number below)

This authorization remains in full force and effect, unless and until amended or terminated with 30 days written notification to the other party. The undersigned agrees to notify the Illinois Department of Professional Regulation, in writing, of any change to the Routing Transit Number or Account Number at or prior to the submission of a license renewal requested through this license renewal process.

Failure to allow the Illinois Department of Professional Regulation to debit renewal fees from the designated deposit account or to ensure that funds, in an amount at least equal to the invoiced amount, are available to the Illinois Department of Professional Regulation for direct debit shall be deemed to constitute nonpayment of the renewal fee(s).

This agreement shall be governed by the rules of the National Automated Clearing House Association and the applicable Illinois Acts and Rules pertaining to the licenses being renewed

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Approved \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
(Signature of Authorized Representative)

Please complete and return to:  
Illinois Department of Professional Regulation  
320 West Washington St  
Springfield, Illinois 62786  
Voice: 217-557-8278  
Fax Number: 217-524-2470