

# STATE OF NEBRASKA ACH/EFT ENROLLMENT FORM

<p><b>Email or Fax to:</b></p> <p>State Accounting - Operations          Attn: Dee Ward          PO Box 94664          Lincoln, NE 68509-4664          Email: <a href="mailto:Dee.Ward@nebraska.gov">Dee.Ward@nebraska.gov</a>          Phone: 402-471-0603          Fax: 402-471-0887</p> <p style="text-align: center;"> <input type="checkbox"/> <b>New</b>                      <input type="checkbox"/> <b>Change</b> </p>	<p><b>If you have any questions when completing this form, please contact the State Treasurer's Office:</b></p> <p style="text-align: center;">             State Treasurer              Attn: Treasury Management              Rm. 2003, State Capitol              Lincoln, NE 68509              Phone: 402-471-2455              Fax: 402-471-0816         </p> <p style="text-align: right;"><input type="checkbox"/> <b>CTX or CCD+</b></p>
<p><b>The information below should be completed by the vendor. If the vendor has any questions, please contact the State Accounting Division at 402-471-0604 or 402-471-2581.</b></p>	<p><b>It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.</b></p>
<p><b><u>Vendor Information</u></b></p> <p>Name: _____</p> <p>Remit to Address: _____</p> <p>_____</p> <p>Federal Tax ID #: _____</p> <p>Contact Person: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Email: _____  <small>(Email address will be used for notification of ACH payment)</small></p> <p>This authorization may be used for (check one)...</p> <p style="text-align: center;"> <input type="checkbox"/> All payments by the State of Nebraska              OR  <input type="checkbox"/> Only payments listed below:         </p> <p>_____</p>	<p><b><u>Financial Institution Information</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>ACH Coordinator: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Nine Digit Routing Transit #: _____</p> <p>Depositor Account #: _____</p> <p>Depositor Account Title: _____</p> <p>Type of Account:      <input type="checkbox"/> Checking                      <input type="checkbox"/> Savings</p> <p style="text-align: center;"><input type="checkbox"/> Check here if the bank is outside of the United States.</p>
<p><b>It is the responsibility of the state vendor to obtain the ACH payment related remittance information from their financial institution. The State of Nebraska sends this information through the ACH network in the Addenda Records. <b>ACH Rules state the financial institution is required to provide this information to the state vendor by the opening of business on the second banking day following the Settlement Date of the payment.</b> Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.</b></p>	
<p><small>(Please Print or Type - Signature Required)</small></p> <p>Vendor Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p><small>(Please Print or Type - Signature Required for verification of bank routing and account numbers)</small></p> <p>Bank Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>