STATE OF NEBRASKA ACH/EFT ENROLLMENT FORM

Email or Fax to:

State Accounting - Operations
Attn: Dee Ward
PO Box 94664
Lincoln, NE 68509-4664
Email: Dee.Ward@nebraska.gov
Phone: 402-471-0603
Fax: 402-471-0887

☐ **New** ☐ **Change**

If you have any questions when completing this form, please contact the State Treasurer's Office:

State Treasurer
Attn: Treasury Management
Rm. 2003, State Capitol
Lincoln, NE 68509
Phone: 402-471-2455
Fax: 402-471-0816

☑ **CTX or CCD+**

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.

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.

Vendor Information

Name:_____

Remit to Address:_____

_____

Federal Tax ID #:_____

Contact Person:_____

Phone #:_____

Fax #:_____

Email:_____
(Email address will be used for notification of ACH payment)

This authorization may be used for (check one)...

☐ All payments by the State of Nebraska

OR

☐ Only payments listed below:

_____

Financial Institution Information

Name:_____

Address:_____

_____

ACH Coordinator:_____

Phone #:_____

Fax #:_____

Nine Digit Routing Transit #:_____

Depositor Account #:_____

Depositor Account Title:_____

Type of Account: ☐ Checking ☐ Savings

☐ Check here if the bank is outside of the United States.

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. **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.** Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.

(Please Print or Type - Signature Required)

Vendor Signature:_____

Name:_____

Title:_____

Date:_____

(Please Print or Type - Signature Required for verification of bank routing and account numbers)

Bank Signature:_____

Name:_____

Title:_____

Date:_____