

State of Nebraska
AccelaPay® Debit Card Sign-up Form

Employee #

Bank: **US BANK**

First Name

Last Name

Street Address, Apt #, or PO Box

City

State Zip Code +4

Please provide personal information (required by the bank for identification purposes:

Home Phone Number

Business Phone Number

Mother's Maiden Name

- You will receive monthly paper statements at the above address
- You may also view the account online. The website to view the account will arrive with your card.

In order to access your account information, you will need one of the following two browsers – Microsoft Internet Explorer 6.0 or later; or Firefox 2.0)

If you prefer not to receive the paper statement, check this box.

Sign and submit this form to your HR/Payroll department

After completing and signing this form, please submit to your payroll department. Your AccelaPay Debit card will be mailed to the address provided above within 10 business days after this form has been submitted.

Signature

Date

***PLEASE NOTE – Your AccelaPay Debit Card will be mailed to you
In a plain white envelope for security purposes.***