

STATE OF NEBRASKA ACH/EFT ENROLLMENT FORM

<p>Mail or Fax to: State Accounting - Operations Attn: Dee Ward PO Box 94664 Lincoln, NE 68509-4664 Phone: 402-471-0603 Fax: 402-471-0887</p> <p style="text-align: center;">New Change</p> <p>Email questions only to: dee.ward@nebraska.gov (Please do not Email this form. Thank you.)</p>	<p>If you have any questions when completing this form, please contact the State Treasurer's Office:</p> <p style="text-align: center;">State Treasurer Attn: Treasury Management State Capitol - Room 2003 Lincoln, NE 68509 Phone: 402-471-2455 Fax: 402-471-0816</p> <p style="text-align: right;">CTX or CCD+</p>
<p>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.</p>	<p>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.</p>
<p><u>Vendor Information</u></p> <p>Name: _____</p> <p>Remit to Address: _____ _____</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;">All payments by the State of Nebraska</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Only payments listed below: _____</p>	<p><u>Financial Institution Information</u></p> <p>Name: _____</p> <p>Address: _____ _____</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: Checking Savings</p> <p style="text-align: center;">Check here if the bank is outside of the United States.</p>
<p>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.</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>