# STATE OF NEBRASKA ACH ENROLLMENT FORM

**Mail or Fax to:** State Accounting - Operations
Attn: Address Book Section
PO Box 94664
Lincoln, NE 68509-4664
Phone: 402-471-2581
Fax: 402-471-0887

☐ **New** ☐ **Change**

(Please do not Email this form. Thank you.)

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

State Treasurer
Attn: Treasury Management
Rm. 2005, State Capitol
Lincoln, NE 68509
Phone: 402-471-2455

Version 2012.11.15

☑ **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 402-471-2581.**

**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:_____
(as shown on your Income Tax Return)

Business Name:_____
(if different from above)

**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 (list the State Agency):

_____

## 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.

☐ Check here if the following must be discussed with your entity: There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise (identify who within your company).

The State of Nebraska will provide the remittance information via email if an email address was provided above. If no email address was provided **it is the responsibility of the vendor to obtain the ACH payment related remittance information by requesting it from their financial institution.** The State of Nebraska will continue to send the payment related remittance information through the ACH network in the payment addenda record(s). **ACH Rules state the financial institution is required to provide this information to the 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 - **Authorized Bank Signature Required for verification of bank routing and account numbers.**)

Authorized Bank Signature:_____

Name:_____

Title:_____

Date:_____