STATE TREASURER ACH ENROLLMENT FORM

Mail To:

Nebraska Department of Education
Attn: Paul Haas - Accounting
PO Box 97987
Lincoln, NE 68509-4987

☐ **New** ☐ **Change**

If you have an questions when completing this form, please contact the Department of Education-Accounting:

Nebraska Department of Education
Attn: Accounting
301 Centennial Mall South, Box 94987
Lincoln, NE 68509-4987
Phone: 402-471-3563
Fax: 402-471-2486

☐ CTX or CCD+

The information below should be completed by the vendor. If there are any questions, please contact the Financial Services Office at 402-471-3563.

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the Financial Services Office 402-471-3563.

Vendor Information

NIS Address Book #

Name:

Address

Federal Tax ID #:

County/District Number:

Contact Person:

Phone #:
Email Address:
Fax #:

This authorization may be used for: (Check one)
☐ All payments by the State of Nebraska
☐ 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**

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 with the payment to your financial institution. 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 - Original Signature Required)

Vendor Signature:

Name:

Title:

Date:

(Please Print or Type - Original Signature Required)

Bank Signature:

Name:

Title:

Date: