NEBRASKA WIRELESS E-911 FUND ACH ENROLLMENT FORM

THIS FORM MUST BE COMPLETED IF YOU ARE TO RECEIVE A PAYMENT FROM THE NEBRASKA WIRELESS E-911 FUND

Mail or Fax to:

Nebraska Public Service Commission
Attention: Joan Raffety
P.O. Box 94927
Lincoln, NE 68509-4927
Phone: 402-471-0208
Fax: 402-471-0214

☐ 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 Joan Raffety the Nebraska Public Service Commission by phone, 402-471-0208 or by email: joan.raffety@nebraska.gov

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any question, please contact the State Treasurer's Office at 402-471-2455.

TELECOMMUNICATIONS COMPANY

Name: _____

Address: _____

_____

Taxpayer ID #: _____

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail Address: _____

FINANCIAL INSTITUTION INFORMATION

Name: _____

Address: _____

_____

Taxpayer ID #: _____

Contact Person: _____

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)

COMPANY OFFICIAL NAME:

_____

TITLE: _____

SIGNATURE: _____

DATE: _____

Company Official Must Sign Form

(PLEASE PRINT OR TYPE)

COMPANY OFFICIAL NAME:

_____

TITLE: _____

SIGNATURE: _____

DATE: _____

Bank Official Must Sign Form