

NEBRASKA UNIVERSAL SERVICE FUND ACH ENROLLMENT FORM

THIS FORM MUST BE COMPLETED IF YOU ARE TO RECEIVE A PAYMENT FROM THE NEBRASKA UNIVERSAL SERVICE FUND

Mail or Fax to:

**Nebraska Public Service Commission
Attention: Amy Kavan
P.O. Box 94927
Lincoln, NE 68509-4927
Phone: 402-471-0241
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 Amy Kavan at the Nebraska Public Service Commission, by phone, 402-471-0241 or by email: amy.kavan@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 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