

STATE OF NEBRASKA ACH/EFT ENROLLMENT FORM

Mail to: Chadron State College
 Attn: Accounts Payable
 1000 Main St
 Chadron NE 69337
 Phone: 308-432-6312
 Fax: 308-432-6464

Initial Setup Change

Email *questions only* to: mhughes@csc.edu
 (Please do not email this form.)

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

State Treasurer
 Attn: Treasury Management
 State Capitol - Room 2003
 Lincoln NE 68509
 Phone: 402-471-2455
 Fax: 402-471-0816

The information below should be completed by the
 vendor. Contact Accounts Payable with questions:
 308-432-6312.

It is the financial institution's responsibility to assure the
 accuracy of the following banking information. Contact
 State Treasurer's office with any questions: 402-471-2455.

VENDOR INFORMATION

Name: _____
 Remittance Address: _____
 City/State/Zip: _____
 Federal Tax ID #: _____
 Contact Person: _____
 Email Address: _____
 Phone: _____ Fax: _____
 Vendor Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution: _____
 Address: _____
 City/State/Zip: _____
 Nine Digit Routing Number: _____
 Depositor Account Number: _____
 Type of Account: Checking Savings
 Check here if the bank is outside 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 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).

ATTACHMENT REQUIRED

Select and attach **one** of the following items for verification:

- Blank check (voided)
- Photocopy of a check
- Letter or statement from your financial institution
- Vendor Invoice
- Vendor Letter with ACH instructions