

Direct Deposit Enrollment Form

Name _____ Address book # _____ Agency # _____

(Please check one: Beginning new deposit ___ or changing existing information ___)

Pursuant to State of Nebraska Accounting policy (#41 & #42), payments for all wages, stipends and expense reimbursements will be made by electronic funds transfer (EFT/Direct Deposit) to your choice of a financial institution or to a state authorized debit card. You must enroll into the electronic funds transfer system if you are to receive any of these payments.

Payroll or Stipend Payment:

- If you are an employee receiving wages or if you receive a stipend per your appointment, please complete the table below with the appropriate direct deposit information.
- If you are choosing the AccelaPay Debit card option, complete the AccelaPay Debit Card Sign-up Form; enter US Bank in the Bank Name column and leave the account information blank.

Account Information			(S)aving or (C)hecking	Method Code	\$ or % Amount
Bank Name	Routing Number	Account Number			

Method Codes: \$ - Flat amount, % - percent of net pay deposited, R - Remainder of net for deposit

Expense Reimbursement Payment:

The following Expense Reimbursement information is separate from your payroll/stipend information and must be completed to process the electronic transfer of your reimbursement.

- Please complete the table below with the appropriate direct deposit information.
- If you are choosing the AccelaPay Debit card option, complete the AccelaPay Debit Card Sign-up Form; enter US Bank in the Bank Name column and leave the account information blank.

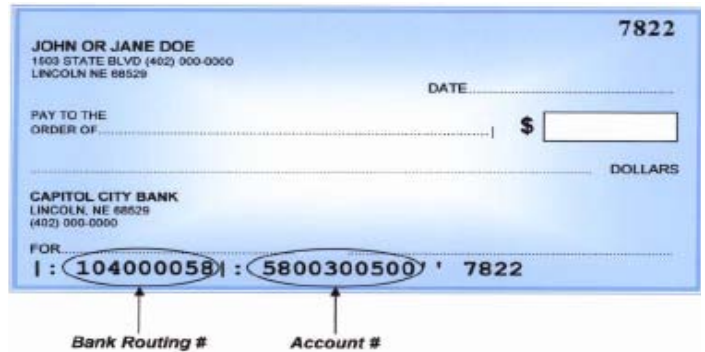
Account Information			(S)aving or (C)hecking	Method Code		
Bank Name	Routing Number	Account Number				
				E		

Attachments Required:

When providing new account information for direct deposit, attach one of the following items for verification:

- Blank check (voided)*
- Photocopy of a check*
- Letter from your bank listing your routing and account numbers

** Do not use Deposit Tickets as they sometimes display different numbers from the checking account.*



Sign below to complete your enrollment for electronic fund transfer.

I have elected to have my payroll, stipends and expense funds deposited into the account(s) designated above and have supplied the appropriate and correct information with which to set up the account(s).

Employee Name (please print) _____ Signature _____ Date _____

Please Note: *There have been recent changes to the payment system rules for direct deposit of payroll. If you receive your payroll via direct deposit at a bank located in the United States and then have the entire payroll amount forwarded to a bank in another country, please advise the payroll department (or specific individual with your agency). There are new formatting requirements for these transactions that the State of Nebraska needs to follow. It will not impact your payroll.*