

Department of Health and Human Services - Financial Services  
**ACH/EFT Enrollment**  
**N-FOCUS**

Send to: Nebraska Department of Health and Human Services Attn: DHHS Accounting PO Box 95026 Lincoln, NE 68509-5026 DHHS.DepositEnrollmentForms@nebraska.gov  <input type="checkbox"/> New <input type="checkbox"/> Change	<input checked="" type="checkbox"/> CTX or CCD+
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\*There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside of 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 notify DHHS Accounting at (402) 471-8939. (Section 1902(a) of the Social Security Act and 2011 NACHA Operating Rules & Guidelines, Article Two, SUBSECTION 2.5.8 Specific Provisions for IAT Entries (International ACH Transaction), page OR 13.).

<b>Vendor Information</b>  Name: _____ Remit to Address: _____ _____ Federal Tax ID Number: _____ Provider ID Number: _____ Contact Person: _____ Phone Number: _____ Fax: _____ E-Mail: _____ (Email address may be used for notification of ACH payment) This authorization to be used for N-FOCUS payments for provider ID Number.	<b>Financial Institution Information</b>  Name: _____ Address: _____ _____ ACH Coordinator: _____ Phone Number: _____ Fax: _____ Nine Digit Routing Transit Number _____ Deposit Account Number: _____ Deposit Account Title: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Check here if the bank is outside of the United States *
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The information below should be completed by the Provider (Vendor). If the vendor has any questions, please contact DHHS at (402) 471-8939.	It is the Financial Institution's responsibility to assure the accuracy of the following banking information.
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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 - Signature required)  Vendor Signature: _____ Name: _____ Title: _____ Date: _____	(Please print or type - Signature required for verification of bank routing and account numbers))  Bank Signature: _____ Name: _____ Title: _____ Date: _____
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