

The Nebraska Department of Health and Human Services is hereby authorized to initiate credit entries for deposit of state payments and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below. I acknowledge that the designation of direct deposit transactions to my account must comply with the provisions of U.S. law.

1	Your Name (Printed as appears on account)	First Last	M.I.			
Mailing Address						
City	State	Zip	Phone			
Social Security Number or Federal Tax ID #						

2	Bank Name		Address			
City	S	State	Zip			
Account Type (Check One)						
Checking Savings						
(Attachments Required):						
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.)						

This authority is to remain in full force and effect until DHHS has received <u>written notification</u> from me of its termination and/or change. Allow three weeks to start or change direct deposit.

## Signature:\_\_\_\_\_

E-mail:

\_ Date: \_\_\_\_\_

(Will be used by DHHS and The State of Nebraska for notification of payment)

## KEEP A COPY FOR YOUR RECORDS. Sign and mail your request to:

Department of Health and Human Services Medicaid and Long-Term Care Attention: State and Grant Funded Programs Unit P.O. Box 95026 Lincoln, Nebraska 68509-5026 dhhs.mhc24@nebraska.gov

\*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 Kathi Tiede, (402) 471-8221. (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.).