



To: Program Clients & Individual Service Providers for the following DHHS programs:

- ❖ Disabled Children's Program
- ❖ Disabled Persons & Family Support
- ❖ Lifespan Respite Subsidy Program

RE: Direct Deposit

The Nebraska Department of Health and Human Services (DHHS) requests all service providers and clients receiving payments or reimbursement from a program listed above to sign up for direct deposit. Please complete and sign the enclosed **State of Nebraska W-9 & ACH Enrollment Form** and return.

All highlighted fields must be completed to be considered for submission.

Required: Name, Address, City/State/Zip, Taxpayer ID or SSN, sign and date with printed name and contact phone number.

Under **ACH Enrollment**: all banking information, ****attach voided check, copy of a check OR letter from your bank (NOT a deposit slip)** indicating routing and account numbers. **The attachment may not be hand-written.** Email address is used to notify of a pending payments. **Your signature at the bottom** (not a bank employee) is required for direct deposit of funds. Your "title" is Provider. Prior Banking information is required when making a change to deposit location.

Reloadable debit cards have banking information attached to them. This information is required when depositing to this card and was sent with the new card. It should also be available on the website for your card. The submitted information must include the logo of the bank being used. **We cannot accept a copy of your debit card.**

You will receive a paper check until your direct deposit request has been submitted and approved.

Please submit your completed form and required attachments to:

Department of Health and Human Services
Division of Child and Family Services, Economic Assistance
Attn: Payment Reviewer
PO Box 95026
Lincoln NE 68509-5026

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ **Remit Address (if different):** _____

6 City, state, and ZIP code _____ **City, state, and ZIP code** _____

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** **Employer Identification Number (EIN):** _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ **Date:** _____

Printed Name: _____ **Contact Phone:** _____

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. December 2014) Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: