

Employment Security Division
 Contributions Section
 500 East Third Street
 Carson City, NV 89713-0030
 (775) 684-6300



Letter ID: 
Issued:
Account Number:

ACH Credit Authorization Request

<input type="checkbox"/> New ACH Credit Request	<input type="checkbox"/> Change of ACH Credit Information
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INSTRUCTIONS: Please complete this request and mail to the address above, or fax to (775) 684-6351. All required fields are indicated by an asterisk (*) and must be completed.

Employer Business Name *	Nevada UI Employer Account Number *	
-Address *	Federal Employer Identification Number *	
City *	State *	ZIP Code +4 *
Business' ACH Contact Person *	Telephone Number *()	
Email Address	Fax Number ()	

I/we have contacted my financial institution and have confirmed that the financial institution can initiate Automated Clearing House (ACH) transactions that meet the Department of Employment, Training and Rehabilitation (DETR) and NACHA specifications for CCD+ TXP, and/or CTX ACH Credit transactions.

Name of Financial Institution *	Financial Institution Contact Person	Telephone Number ()
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I/we request that the Department of Employment, Training and Rehabilitation (DETR) grant authority to the above-named business to initiate Automated Clearing House (ACH) credit transactions to the bank account of that agency. I/we understand that the above-named entity (employer or employer agent) is responsible for paying processing fees, if any, which may be charged by the originating financial institution in connection with ACH Credit transactions. I/we acknowledge the origination of ACH transactions to this agency's bank account must comply with the provisions of all local, state, and federal laws. I/we agree to abide by all applicable ACH operating rules in effect at the time.

This agreement is to remain in full force and effect until the Nevada Department of Employment, Training and Rehabilitation has received a written termination request no less than 3 days in advance of the intended termination date.

*Authorized Signature	Title	Date
*Authorized Signature	Title	Date

*(Legal signatures include sole proprietor-owner, corporate officer, managing member, and partners.)

RETAIN A COPY FOR YOUR RECORDS



Report suspected UI Fraud online at ft.nvdetr.org/form/Fraud

TAXACT220823