

DEPARTMENT USE ONLY Date Received:
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**ACH CREDIT AGREEMENT AND APPLICATION
 ELECTRONIC PAYMENT SYSTEM (EPS) FOR UI TAXES**

- Type or print clearly
- Check the correct box: NEW ACH Credit Application CHANGE of ACH Credit Information
- Return your completed application to the address or fax number below.

Business Name	Nevada UI Employer Account Number	
Address	Federal Employer Identification Number	
City	State	Zip Code +4
Business' EPS Contact Person Name	Telephone Number ()	
E-mail Address	Fax Number ()	

I/we have contacted my financial institution and have confirmed that the financial institution can initiate Automated Clearing House transactions that meet the Nevada DETR ESD/Contributions and NACHA specifications for CCD+TXP ACH Credit transactions.

Name of Financial Institution	Financial Institution Contact Person	Telephone Number ()
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I/we request that the Nevada Department of Employment, Training and Rehabilitation, ESD/Contributions Section grant authority to the above named business to initiate Automated Clearing House credit transactions to the bank account of that agency. I understand that transactions must be in the NACHA CCD+ format using the TXP (Tax Payment) Banking Convention and can only be initiated for payment of Nevada Unemployment Insurance Taxes and related interest and penalties. I 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 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 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, ESD/Contributions Section, has received a written termination request no less than 30 days in advance of the intended termination date.

Authorized Signature	Title	Date
Authorized Signature	Title	Date

Send your completed agreement to: **EPS CUSTOMER SERVICES**
 DETR/ESD/Contributions
 500 E Third Street
 Carson City, NV 89713-0030
 Or fax to: (775) 684-6351

RETAIN A COPY OF THIS AGREEMENT FOR YOUR RECORDS