

Nebraska Department of Health and Human Services
Authorization for Direct Deposit
FOR CLIENTS ONLY - Financial Services

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 on documentation I provide. I acknowledge that the designation of direct deposit transactions to my account must comply with the provisions of U.S. law.
Go to www.dhhs.ne.gov/ClaimsProcessing for information about these payment methods.

Please complete the following based upon the information associated with the client for which this form is being used to determine the method of payment.

The purpose of this form is to change your payment method from Relia Card to DIRECT DEPOSIT, or to change your direct deposit account. If you are currently being paid via Direct Deposit and would like to now use a Relia Card, please call the Economic Assistance Customer Service Center at (800) 383-4278.

Last Name (Required)	First Name (Required)	M.I.
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Address (Required)

Phone	Email
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Social Security Number (Required)

Financial institution documentation is required.

Please select one of the following acceptable forms of documentation and include it with the submission of this form.

- ☐ A preprinted check and voided check
- ☐ A written proof (an official letter or bank statement) from the financial institution of the routing number and your account number.

Starter checks, deposit slips or counter checks are NOT acceptable.

Select the Account Type (Required) - (Check Only One)

- ☐ Checking
- ☐ Savings

Is the account above in a financial institution outside of the United States?*

- ☐ Yes
- ☐ No

This authority is to remain in full force and effect until DHHS has received written notification from me of its termination and/or change.

Signature (Required)	Date (Required)
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NOTE: Unsigned or inaccurate information on this form and/or a lack of proper documentation as listed above, will result in the form being returned to you unprocessed.

KEEP A COPY FOR YOUR RECORDS. Sign and submit this request to the nearest DHHS Local Office, which can be found at www.dhhs.ne.gov/LocalOffices.

If you are unable to submit this to a local office - sign and mail, fax, or email your request to:

Economic Assistance
ACCESSNebraska Document Imaging Center
P.O. Box 2992
Omaha, NE 68172
Fax: (402) 742-2351
Email: DHHS.ANDICenter@Nebraska.gov

*There are processing requirements for electronic vendor payments 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, (402) 471-9324. (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).