



The
NEBRASKA ENVIRONMENTAL TRUST

preserving NATURAL NEBRASKA™ for future generations

Mike Johanns, Governor
Mary Harding, Executive Director

February 13, 2003

Mr. Steve Gaul
Nebraska Department of Natural Resources
PO Box 94676
Lincoln, NE 68508-2529

RE: 03-164 - LB 1003 Water Policy Study/Project

Dear Mr. Gaul:

Enclosed is an enrollment form to have your grant disbursements made by direct deposit. We ask that you select an option on the blue instruction sheet and return the form to our office regardless of what your selection is.

If you decide to have your disbursements sent directly to your bank account you need to complete the white enrollment form. You must complete the form to set up a new account or if you are making any changes to a current account setup. The form must be signed by your organization **and** the bank. Please complete the form in full and return it to the Trust office for processing.

It takes 2-3 weeks to set up a new account, so be sure to return the completed forms at your earliest convenience so that when you request a disbursement the account will be set up.

Please contact our office if you have any questions regarding this form.

Sincerely,

Lisa Beethe
Grants Administrator

Enclosure

RECEIVED

FEB 14 2003

DEPARTMENT OF
NATURAL RESOURCES

Direct Deposit Enrollment

Attached is the State of Nebraska enrollment form if you wish to have your grant funds deposited directly into your bank account. The State requires that any one disbursement of \$75,000 or more must be wired directly to your account - checks cannot be used in these cases.

We encourage the use of the direct wire to your account when there will be multiple disbursements throughout the grant period. If your grant is for a single piece of equipment or will most likely be disbursed in one or two payments (under \$75,000) then we would suggest not setting up the direct deposit and we will send you a check.

Please print or type the information on the form. Your organization should complete the Vendor information section and sign the form at the bottom. You will need to have your bank complete the financial institution section and sign the form at the bottom as well.

Please indicate your choice below: (PLEASE RETURN THIS FORM BY APRIL 4, 2003)

- I have previously set up a direct deposit account and would like to continue using the same account with no changes.
- I have previously set up a direct deposit account but would like to change account information. Please complete the form and return it by April 4, 2003.
- I would like to set up a new direct deposit account. Please complete the form and return it by April 4, 2003.
- I do not wish to set up a direct deposit account at this time. Disbursements may be made by check.

Sponsors Authorized Signature
Nebraska Water Policy Task Force - 03-164

Date

STATE OF NEBRASKA ACH ENROLLMENT

MAIL TO: Nebraska Environmental Trust
2200 N. 33rd Street
Lincoln, NE 68503

New Change

IF YOU HAVE ANY QUESTIONS WHEN COMPLETING THIS FORM, PLEASE CONTACT THE STATE TREASURER'S

OFFICE: State Treasurer
Attn: Mary Brock CCD+
PO Box 94788
Lincoln, NE 68509
Telephone: 402-471-2455 CTX
Fax: 402-471-0816

VENDOR INFORMATION

The following information should be completed by the vendor.

Name: _____

Address: _____

Federal ID Number: _____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Fax Number: _____

May this authorization be used for? (check one)
 All payments by the State of Nebraska
 Only NE Environmental Trust payments

FINANCIAL INSTITUTION INFORMATION

It is the Financial Institution's responsibility to assure the accuracy of the following information.

Name: _____

Address: _____

ACH Coordinator: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Nine-digit Routing Transit Number: _____

Depositor Account Title: _____

Depositor Account Number: _____

Type of Account: _____ Checking _____ Savings

The services below represent an agreement between the Financial Institution and the Customer relating to the Financial Institution passing the addendum information to the Customer.

1. Both parties agree that the addendum information will be provided to the customer in the following medium:

On-Line Query EDI Advice
 No Notification Needed

2. Both parties agree that the addendum information will be provided to the customer within the following timeframe:

Same day as payment date Business day following payment date

(Please print or type - original signature required)

Company Official Name: _____

Title: _____

Signature: _____

Date: _____

(Please print or type - original signature required)

Bank Official Name: _____

Title: _____

Signature: _____

Date: _____