



State of Nevada
 Department of Employment, Training & Rehabilitation
Nevada Unemployment Insurance Electronic Payment System

ELECTRONIC PAYMENT SYSTEM AUTHORIZATION FORM

New EPS Reporter Change Bank Account Number Change Contact name, address, and/or phone number

Unemployment Insurance Account to be credited:	
Nevada UI Account Number	DBA

FEIN # _____ Multiple Accounts? Yes No Agent Yes No

Contact Person _____ Title _____

Company Name _____

Complete Address _____

Telephone Number (_____) Ext. _____ e-mail address: _____

I/we hereby authorize the Department of Employment, Training & Rehabilitation to initiate ACH debit entries into the bank account referenced below and credit the Nevada Unemployment Insurance Account named above. These debits will pertain only to Electronic Funds Transfer Payments that the taxpayer has initiated for payment to the Nevada Employment Security Division. I understand that I must request any changes or terminations to my Electronic Payment account in writing. All requests must be directed to the address listed below. Transactions completed on state holidays, weekends, or after 5:00 p.m. Pacific Time will not be processed until the next regular business day. Debits not honored by taxpayer's banking institution due to insufficient funds are subject to a \$25.00 fee. Any questions may be directed to the Electronic Payment Customer Service Desk at (775) 687-3514 or visit our website at www.DETRjoblink.org.

 Authorized Signature Title Date

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Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please circle which account applies)	Routing Number of Banking Institution
For security purposes, taxpayer will <u>not</u> authorize any transfer amount over \$ _____ Any attempt to transfer funds in an amount over the listed threshold will render any and all payments/submissions made during this transaction null and void.		
<p><u>IMPORTANT: Please attach a voided check, copy of a check, or copy of a bank specification sheet from the account to be debited to provide verification of the bank account and routing transit numbers. Actual approval time may take up to 10 business days. Original signature is required to process any transaction. Please submit this form to the address listed below.</u></p>		

Please complete this form and return to:
 State of Nevada
 Department of Employment, Training & Rehabilitation
 Employment Security Division, Contributions Section
 500 East Third Street
 Carson City, NV 89713-0030