

**Employment Security Division**

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



**DETR**

Nevada Department of Employment,  
Training and Rehabilitation

ONE NEVADA - Growing A Skilled, Diverse Workforce



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<https://uitax.nvdetr.org>

**ACH Debit Pre-Note Authorization Request**

<input type="checkbox"/> New Request	<input type="checkbox"/> Change Bank Acct/Routing #	<input type="checkbox"/> Change Threshold Amount	<input type="checkbox"/> Change Contact Info
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INSTRUCTIONS: Please complete this request and mail to the address above, or fax to (775) 684-6351. A VOIDED CHECK OR BANK SPECIFICATION SHEET MUST BE INCLUDED. The department must verify the account number and routing transit numbers before granting authorization. For security purposes you must also specify a "threshold" amount that each payment cannot exceed. The threshold amount should be greater than the highest single payment you anticipate making. All required fields are indicated by an asterisk (\*) and must be completed.

Account to be Debited From:  Checking Or  Savings

* Bank Account Number	* Routing Number of Banking Institution
* Threshold: Do <u>not</u> authorize any transfer amount over \$ _____.	
Transfers over this threshold amount will not be accepted.	

**Nevada Unemployment Insurance Account to be Credited:**

Employer Account Number	Employer Business Name
*	*

* FEIN # _____	Multiple Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No
* Contact Person _____	Title _____	
Company Name _____		
Mailing Address _____		
* Telephone # (____) _____	Ext. _____	Email Address _____

Authorization is hereby given to the Nevada Department of Employment, Training & Rehabilitation to initiate ACH debit entries into the bank account referenced above and credit the Nevada Unemployment Insurance Account named above. These debits pertain only to Electronic Fund Transfer payments that the taxpayer has initiated for payment to the Employment Security Division for Unemployment Insurance. I understand the following: That I must request in writing any changes. Requests to terminate this authorization must be submitted to the address above, no less than 3 days in advance of the intended termination date. Debits not honored by my banking institution are subject to a \$25 fee. For more information please call the Customer Service Desk at 775-684-6345 or go to <https://uitax.nvdetr.org>.

*Authorized Signature	Title	Date
(Legal signatures include: sole proprietor-owner, corporate officer, managing member, and partners.)		

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Report suspected UI Fraud online at <https://uifraud.nvdetr.org> or call (775) 684-0475



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