

DIRECT DEPOSIT FORM

NOT for Child Support payments. Use this form for Child Care, Spousal Support and any other judgments payable thru Lancaster County District Court.

Return with a voided check or for savings a withdrawal slip to: **Clerk of the District Court, 575 S 10th St, Lincoln, NE 68508**

ACH Payments will be made to your Checking or Savings Account Automatically. The deposit will be made according to the Clerk of the District Court's schedule for releasing payments. Once you sign the authorization form, the court and your financial institution will handle all transactions. It takes 10 workdays to start your Direct Deposit.

AUTHORIZATION FOR DIRECT DEPOSIT

NAME: _____ CASE NO: _____

SOCIAL SECURITY NUMBER: _____

YOUR CASE NAME: _____ vs _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

TYPE OF ACCOUNT: CHECKING _____ (ATTACH VOIDED BLANK CHECK)
SAVINGS _____ (SAVINGS WITH DRAW SLIP or LETTER FROM
FINANCIAL INSTITUTION WITH ACCOUNT
NUMBER & ROUTING NUMBER)

NAME OF FINANCIAL INSTITUTION: _____

ACH ROUTING NO: _____ ACCOUNT NO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZATION AGREEMENT

I hereby authorize the Clerk of the District Court to initiate credit entries to the account specified above, and I authorize the financial institution indicated above to credit that account. If funds are mistakenly deposited into my account, I authorize the Clerk of the District Clerk of the District Court to deduct the amount. Authorization is in full force and effect until the Clerk of the District Court receives written notice from me of cancellation and has reasonable time to act on it.

SIGNATURE: _____ DATE: _____

NEW: _____ CHANGE: _____ CANCEL: _____