Nevada State Treasurer – Unclaimed Property
ACH Debit Payment Exception Form

All payments are required to be made as ACH Debit via the online portal.
If you are unable to remit payment in this manner, please complete this form, and email to
nvholder@nevadatreasurer.gov

Print Save

Submit to State

HOLDER INFORMATION	
Date:	Check only one: Insurance Annual Report ☐ Annual Report (all other entities) ☐ Third Party Audit ☐
Federal/Tax ID No.:	Contact Person:
Nevada Business ID: (Businesses registered with the Nevada Secretary of State only)	Email:
Holder Name:	Title/Department:
Address:	Phone #: (888) 888-8888 Fax No.: (888) 888-8888
City: State: Zip:	Nevada Holder ID Number: If known
Amount of Payment:	Preferred Method of Payment:

Does your business have the ability to remit payment via ACH Debit using our online portal? Yes ☐ No ☐

If **"NO",** provide detailed explanation below. If additional space is required, please indicate below ("see attached") and attach additional documentation.
If your financial institution does not support ACH Debit, supporting documentation from the financial institution must be attached.

If **"Yes"**, please provide detailed explanation below. If additional space is required, please indicate below ("see attached") and attach additional documentation.
If your company policies prevent ACH Debit, a copy of the policy must be attached.

Please provide a detailed explanation.

I declare to the best of my knowledge and belief that the information provided above (and in any attached documentation) is true and correct.

Printed Name	Signature (original signature required)	Title
_____	_____	_____

FOR OFFICIAL USE ONLY		
Program Officer I ☐ Approved ☐ Denied	Program Officer Signature	Date
If denied; reason for denial:		
Deputy Treasurer ☐ Approved ☐ Denied	Deputy Treasurer Signature	Date
If denied; reason for denial:		

Clear Form