



NEVADA STATE TREASURER – UNCLAIMED PROPERTY ACH Debit Payment Exception Request Form

Send all documentation to:
nvholder@nevadatreasurer.gov

HOLDER INFORMATION			
Date:	Check only one: Insurance Report Annual Report (all other business entities) Third-Party Audit		
Name of person requesting exception:		Email: Must be email of person requesting exception or form will be rejected	
Holder Name as it appears on online report (List additional reports on second page):		Title/Department:	
Address:		Phone #:	Fax #:
City:	State:	Zip:	Exact Report Payment Amount (\$): ESTIMATES WILL BE REJECTED
Preferred Payment Method (check only one): <input type="checkbox"/> CHECK <input type="checkbox"/> ACH CREDIT <input type="checkbox"/> WIRE			
Is your business capable of remitting payment via ACH Debit using our online portal? YES NO			
If "NO" , provide a detailed explanation in space below why your company policies prevent ACH Debit. If "Yes" , provide a detailed explanation in space below why an exception is being requested. If additional space is required, please indicate below and attach additional documentation, if needed. <p>A holder that fails to make a payment as required by subsections 11 and 12 of NRS 120A.560 must be assessed by the administrator a fee for each such payment in an amount equal to the greater of \$50 or 2 percent of the amount of the payment. NRS 120A.730 for details.</p> <p>If your request is approved, the FEIN/TIN on the holder report must be provided in your EFT payment instructions when paying by ACH credit or wire transfer. If paying by check, the FEIN must be disclosed on the check. If the request is incomplete, it will be rejected.</p> <p>Table on second page must be completed for each report this payment is related to. This is a single use exception. A request must be made annually if payment cannot be made by ACH debit.</p> <p>This form must be submitted/approved prior to remitting payment. The deadline to submit is the 26th day of the month before the report due date: prior to May 1st for insurance entities and November 1st for non-insurance entities.</p> <p>In the space below, explain, in detail, why payment cannot be sent by ACH debit.</p>			
I declare to the best of my knowledge and belief that the information provided in this document and in any attached documentation is true and correct and that the individual signing this form is an authorized officer of the entity.			
_____		_____	
Printed Name		Title of Authorized Officer	

THE SECOND PAGE OF THIS DOCUMENT MUST BE COMPLETED OR REQUEST WILL BE REJECTED.

You must complete the information below for each report being submitted in conjunction with this payment exception request. Missing or incomplete information will result in rejection or denial of your request. Information below must match the reports that are submitted. If changes are made to your reports after approval of this request, please notify NVHolder@nevadatreasurer.gov

Holder Name (as listed on report)	FEIN (mandatory)	Holder ID (If, Known)	Amount due for Report
		Total of Reports (Must Match Payment Amount)	

Name of User Uploading Report(s) Through Reporting Portal	Email Address of User Uploading Report(s)

For Official Use Only		
Program Officer <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Program Officer Signature	Date
Disclaimer		
<ul style="list-style-type: none"> • Requests submitted without required documentation are not guaranteed acceptance and/or approval if resubmitted after the 26th day before the report due date. • In no event shall this form be liable for any exception request received after the 26th day before the report due date and will not guarantee requests will be honored. • Holders paying in a manner other than ACH debit without prior written approval from this office, will be subject to a fee. 		