

BANK ELECTION FORM

Instructions for Banks Electing to Utilize the Single Bank Pooled Method for Collateralization of Public Funds through the **Nebraska Single Bank Pooled Collateral Program**

Any bank, capital stock financial institution, or qualifying mutual financial institution (Bank) electing to secure the deposit of public money or public funds through use of the single bank pooled method must notify the administrator in writing of such election. Please complete the election form below in satisfaction of this requirement.

Participation in the Nebraska Single Bank Pooled Collateral is contingent upon the undersigned delivering the signed election form to the Nebraska Bankers Insurance and Services Company (NBISCO) at nepooledcollateral@nebankers.org.

If you have any questions, please contact Misty Stoner, NBISCO Financial Program Administrator, (402) 474-1555.

Thank you for your cooperation.

SINGLE BANK POOLED COLLATERAL ELECTION FORM

On behalf of _____, I hereby confirm the election by such bank to participate in the Nebraska Single Bank Pooled Collateral.

Signature

Title

Printed Name

Date

Effective Date of Election/Agreement

Bank Address: _____

Bank City, State, Zip: _____

Bank Routing Number: _____ FDIC Number: _____

Number of Nebraska Governmental Units: _____

POOLED COLLATERAL – EMPLOYEE ACCESS AND QUALIFIED TRUSTEE FORM

Qualified Trustee Information
Name
Attn
Address
Email
Qualified Trustee Information
Name
Attn
Address
Email
Qualified Trustee Information
Name
Attn
Address
Email

Employee Information	
Last Name	First Name
Title	Email
<input type="checkbox"/> New /Update	<input type="checkbox"/> Remove
Employee Information	
Last Name	First Name
Title	Email
<input type="checkbox"/> New /Update	<input type="checkbox"/> Remove
Employee Information	
Last Name	First Name
Title	Email
<input type="checkbox"/> New /Update	<input type="checkbox"/> Remove

**PROGRAM FEES APPROVED BY NEBRASKA
DEPARTMENT OF BANKING AND FINANCE**

A. Initial Enrollment Fee if enrolling July 1st. Please see table below to select which fee option you will be paying.

- 1. \$500 per bank with less than 20 Governmental Unit depositors
- 2. \$1,000 per bank with 20 or more Governmental Unit depositors

B. Annual Maintenance Fee (After 1st year)

- 1. \$500 per bank with less than 20 Governmental Unit depositors
- 2. \$1,000 per bank with 20 or more Governmental Unit depositors

C. Monthly Participation Fee \$10 per month for each Governmental Unit account.

D. Penalty Fee \$250 per occurrence for reported under collateralization events which are not corrected within no more than 10 business days

To pay via credit card please check the box to be invoiced

To pay via check please make check out to NBA and mail to: 233 S 13th St #700, Lincoln, NE 68508

To pay via ACH auto debit please complete the form on the next page

Note: Annual fees are due on July 1st. Fees are prorated accordingly for joining the program during a different month.		
Start date:	Enrollment fee due:	
	20 or more Governmental Unit depositors	Less than 20 Governmental Unit depositors
July 1st	\$1,000.00	\$500.00
August 1st	\$916.67	\$458.33
September 1st	\$833.33	\$416.67
October 1st	\$750.00	\$375.00
November 1st	\$666.67	\$333.33
December 1st	\$583.33	\$291.67
January 1st	\$500.00	\$250.00
February 1st	\$416.67	\$208.33
March 1st	\$333.33	\$166.67
April 1st	\$250.00	\$125.00
May 1st	\$166.67	\$83.33
June 1st	\$83.33	\$41.67

Scroll to last page to submit form

Nebraska Single Bank Pooled Collateral Program Direct Payment Plan Authorization Form

Please complete this authorization form to allow annual maintenance fees to be debited from your account annually in July and monthly participation fees to be debited from your account monthly around the 25th of the month.

A notice will be sent regarding each transaction.

Please complete the following:

1. Fill in your financial institution's checking account number.
2. Fill in your financial institution's routing/transit number.
3. Provide your signature and date at the bottom of the form.

AUTHORIZATION FOR DIRECT PAYMENT

On behalf of _____, I authorize the Nebraska Bankers Insurance and Services Company to initiate electronic debit entries to _____'s checking account for payment of its annual maintenance fees for participating in the Nebraska Single Bank Pooled Collateral Program.

I understand _____ will receive a notice regarding the transaction. I acknowledge that the origination of ACH transactions to _____'s account must comply with the provisions of U.S. law. This authority will remain in effect until _____ has cancelled it in writing.

Name: _____

Institution: _____

Address: _____

City, NE Zip: _____

Checking Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

*Signature _____ Date _____

***NOTE: YOUR SIGNATURE IS REQUIRED**

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

Please direct any questions to:

Misty Stoner, NBISCO
Financial Program Administrator
nepooledcollateral@nebankers.org
402-904-7060 (NBA direct)

Submit Form