



1135 M Street Suite 220 Lincoln, NE 68508 | Office: 402.471.7810 | Fax: 402.471.7817

Court E-Filing Request Form

Org	ganization N	lame:			
Ne	braska.gov	Account Number:	OR Nebraska.go	ov user name:	
Со	ntact Persor	n:	Email Address:		
Pho	one:	Fax:		Date:	
	Users	Attorney Name	Bar Number	Username (if known)	Email Address
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
1.	Enter the b type for e-F	ank account and routing num Filing). The ACH billing will ov	ber to be used for pay erride any current billi	yment (Direct Debit (ACI) ng method for the accou	H) - required payment int.
		Bank Name:			
Account Number:Routing Number:					

2. Fax the form to Nebraska.gov.

^{*}Bank Account and Routing number information is not necessary for County Attorney or Public Defender offices.
*For each additional set of ten users another \$50.00 annual subscription fee will be charged.