



ANDY STEBBING

LANCASTER COUNTY TREASURER

555 S 10TH ST LINCOLN, NE 68508

Phone: (402) 441-7425 Fax: (402) 441-8841

LANCASTER.NE.GOV/TREASURER

REGISTRATION FOR TAX SALE

For anyone who is purchasing a Tax Lien from the Lancaster County of Nebraska will need to register the appropriate paperwork every year.

Each buyer must complete all (4) of the attached forms:

*Pre-Registration Form

*W-9 Form

*Authorization for Direct Deposit (if you have a form on file with the Treasurer's Office, you do not need to submit a new form)

*Acknowledgment of Tax Sale and Authorization of Mailing of Certificates

If you have attended a Lancaster County Tax Sale in the past, and will be attending this year's sale, it is mandatory that the Pre-Registration Form, W-9 and Acknowledgement of Tax Sale be completed each year.

Thank you,

Andy Stebbing

Lancaster County Treasurer



ANDY STEBBING
LANCASTER COUNTY TREASURER
555 S 10TH ST LINCOLN, NE 68508
Phone: (402) 441-7425 Fax: (402) 441-8841

PRE-REGISTRATION FORM

NAME- _____
(As it appears on your W-9)

ADDRESS - _____

CITY - _____ STATE- _____ ZIP CODE- _____

**** MAILING ADDRESS FOR REDEMPTIONS AND CERTIFICATES IF DIFFERENT THAN ABOVE**

Name _____

ADDRESS - _____

City _____ State _____ Zip Code _____

**** PLEASE FILL OUT THE ENTIRETY OF THE CONTACT INFORMATION**

CONTACT PERSON- _____

PHONE NUMBER- _____

EMAIL- _____

FAX #- _____

Office Use Only	Reg. Fee Pd _____	Buyer _____
------------------------	--------------------------	--------------------

**AUTHORIZATION FOR DIRECT DEPOSIT
FOR TAX SALE PURCHASER**

Select One: Enroll Change Cancel

Tax Sale Purchaser Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID Number or Social Security Number: _____

Contact Person: _____

Phone #: _____ Email: _____

Financial Institution Information:

Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Transit Number: _____

Account Number: _____

Select One: Checking Savings (Check here if the bank is located outside the U.S.)

1. I hereby authorize the Lancaster County Treasurer to initiate credit entries to my account indicated above and the depository named above to credit the same account.
2. To ensure my account is properly credited, I have attached a voided check (deposit ticket not acceptable) containing the Depository Transit/ABA number and my account number. In the event a voided check is not available, please submit a signed letter on bank stationary to verify the above bank account information.
3. I agree to allow the Lancaster County Treasurer to stop payment or posting of, reverse or adjust any entry erroneously credited to my account in accordance with the National Automated Clearing House Association(NACHA) ACH Operating Rules and Guidelines.
4. This authorization is to remain in full force and effect until Lancaster County Treasurer has received written notification from me of its termination in such time and manner as to afford Lancaster County Treasure a reasonable opportunity to act on it.

Print Name: _____ Title (if applicable) _____

Signature: _____ Date: _____

Please mail, fax or deliver this form with attached documents to:

Lancaster Co Treasurer
555 S. 10 St. Room #102
Lincoln, NE 68508
Fax Number- 402-441-8841

Please Contact Jennifer (402-441-7446) or Tina (402-441-8837) with any questions regarding ACH Direct Deposits.

For Office Use Only: <input type="checkbox"/> Date Cancellation Received <input type="checkbox"/> Date Cancellation Processed <input type="checkbox"/> Staff Initials



ANDY STEBBING

LANCASTER COUNTY TREASURER

555 S 10TH ST LINCOLN, NE 68508

Phone: (402) 441-7425 Fax: (402) 441-8841

LANCASTER.NE.GOV/TREASURER

ACKNOWLEDGEMENT OF TAX SALE

DATE-_____

I _____ fully understand the complexity of the process of purchasing tax liens that are being sold by the Lancaster County Treasurer's Office.

Signature _____

Date _____

AUTHORIZATION OF CERTIFICATES

I _____ Authorize the Lancaster County Treasurers Office to Mail our Assigned Certificates to us, and to Sign the Certificate Book on our behalf, when an Assigned Certificate is redeemed.

Redemption Notification (Choose One)

E-MAIL _____

MAIL _____

Signature _____

Date _____