

**NEBRASKA SECRETARY OF STATE ♦ ROBERT B. EVNEN**  
**1201 N STREET, SUITE 120 • LINCOLN, NE • 68508**  
**BUSINESS SERVICES DIVISION**

**Frequent Payor Account Application**

The purpose of this application is to establish a Frequent Payor Account (FPA) with the Secretary of State. A Frequent Payor Account allows the applicant to pay for filings and other financial transactions (such as certificates or copy requests) using a prepaid account versus a credit card or ACH. This application should be completed by the primary authorized user for the account/organization, who will also serve as the main contact for the account. Any additional users authorized to utilize the account should be listed on this application as well. Once the Frequent Payor Account application is approved, the Secretary of State will notify the primary authorized user that the account has been set up.

Please be advised that applicants are responsible for all activity on their Frequent Payor Account including, but not limited to, changes, transactions, status, refund requests and monitoring the balance of the account. Please safeguard and limit use of the account information to authorized individuals only. The Secretary of State will not be responsible for any unauthorized use and may terminate or suspend the account at any time.

**Frequent Payor Account Applicant**

Name of Applicant (Business)	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:

**Primary Authorized User: Individual allowed to make changes to the Frequent Payor Account**

The Primary Authorized User of the account is responsible for maintaining an accurate list of users, restricting access to and safeguarding the account number.

Name	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:

**(CONTINUED)**

**Authorized Users: Individuals allowed to use the Frequent Payor Account for payment purposes.**

Please list all individuals authorized to use the account for payment for filings or other financial transactions with the Business Services Division. Attach additional pages if needed.

Name	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:
Name	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:
Name	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:
Name	
Mailing Address	
City, State and Zip	
Contact Information	Phone:
	Email:
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The applicant shall maintain current account information with the Nebraska Secretary of State's Office.

It shall be the responsibility of the filer to maintain the security and integrity of the user identification and password. Filings made under a particular user identification and password shall be presumed valid filings by the filer.

I acknowledge that I have read, understand, and agree to the policies and procedures outlined in this application for the creation of a Frequent Payor Account with the Business Services Division of the Secretary of State.

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Signature (Primary Authorized User)

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Date