

**DDS Same-Day Transaction Verification Form**

**Licensee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, & Zip Code:** \_\_\_\_\_

**Customer (Maker) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, & Zip Code:** \_\_\_\_\_

**Previous Check Number:** \_\_\_\_\_

**Amount of Check:** \_\_\_\_\_

**Date Paid/Deposited:** \_\_\_\_\_

**Current Check Number:** \_\_\_\_\_

**Amount of Check:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

I, \_\_\_\_\_ hereby declare that on the date signed below, I am entering into a new delayed deposit transaction at my own request and under my own free will. Before entering into this delayed deposit transaction, Previous Check Number \_\_\_\_\_ was:

- \_\_\_\_ paid in full with cash
- \_\_\_\_ presented for payment/deposited.

I did not request, nor was I allowed, to only pay the fee associated with these transactions.

I understand this form is required by law and will be kept for review by the Nebraska Department of Banking and Finance.

\_\_\_\_\_  
**Customer (Maker) Signature** **Date**

\_\_\_\_\_  
**Licensee Representative** **Date**