

DEPARTMENT OF ADMINISTRATION
STATE ACCOUNTING BUREAU
PO BOX 200102
HELENA, MT 59620-0102

204 - ELECTRONIC
FUNDS TRANSFER
SIGN UP

Questions please contact Warrant Writer. E-Mail: warrantwriter@mt.gov, Phone: 444-3092, Fax: 444-2812

Note: All incomplete/altered forms will not be processed.

1) Request Type: Initial Request Change Existing Account Remove Account

2) I, _____, hereby certify that the account indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Montana to initiate, change or cancel credit entries to that account as indicated on this form.

This authority is to remain in full force and effect until the State of Montana has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford the State of Montana a reasonable opportunity to act upon it.

3) Supplier Bank Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

5) Supplier Name: _____

6) Tax ID Number: (must be 9 digits) _____

Type: SSN FEIN

7) Address: (limited to 45 characters per line)

Line 1 _____

Line 2 _____

Line 3 _____

City _____

State/Province _____

Postal Code _____

Country _____

Phone Number _____

E-mail _____

8) This authorization will remain in effect until either cancelled in writing or an updated form is submitted to the Agency you currently do business with.

9) Required: Attach Voided Check Here:

Note: A completed Direct Deposit Form (Signed by Bank) may be an acceptable substitute.

11) Authorized Signature _____

Title (If Applicable) _____

Date _____