

**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](mailto: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 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) Vendor Bank Information:**

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:**     Checking     Savings

**5) Vendor 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

**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** \_\_\_\_\_