

DESIGNATION OF DEPOSITORY FORM
INDIAN COUNTRY ECONOMIC DEVELOPMENT (ICED) PROGRAM
FOR DIRECT DEPOSIT OF ICED FUNDS
Native American Business Advisors (NABA) & Tribal Business Planning Grants

DESIGNATION OF DEPOSITORY FORM AND INSTRUCTIONS

Instructions: Please fill out the following form completely. Make certain that there are no erasures, corrections or correction fluid on this form. All signatures must be in ink. Any questions, please contact the ICED Program Manager at (406) 841-2775.

Item #	Information Needed (Items 1-7 to be completed by ICED Program Grantee)
1	Enter complete address of depository (bank) designated to receive funds.
2	Enter bank routing number, bank account number and account name where ICED funds are to be deposited.
3	Enter name of ICED Grantee
4	Enter complete address of ICED Grantee.
5	Enter signature and title of Tribal Chairperson or Chief Financial Officer for ICED Grantee.
6	Enter printed name of Tribal Chairperson or Chief Financial Officer for ICED Grantee.
7	Enter date form was signed by Tribal Chairperson or Chief Financial Officer for ICED Grantee.
(Items 8-14 to be completed by Bank)	
8	Enter account name and account number as in #2 above.
9	Enter name of depository (bank) as in #1 above.
10	Enter mailing address of bank.
11	Enter signature of authorized bank officer.
12	Enter title of authorized bank officer for depository.
13	Enter printed name of authorized bank officer for depository.
14	Enter date form signed by authorized bank officer.

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SECTION 1 (To be completed by the ICED GRANTEE)

The (1) _____

Name, Address and Zip Code of Grantee's Bank

Has been designated as the depository for all funds to be received from the Montana Department of Commerce resulting from an ICED Grant for deposit to:

(2) _____

<i>Routing Number</i>	<i>Accounting Number</i>	<i>Account Name</i>
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(3) _____
Name of Grantee

(4) _____
Address, City, State, ZIP

(5) X _____

<i>Signature of Tribal Chairperson or Chief Financial Officer</i>	<i>Title</i>
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(6) _____ (7) _____

<i>Printed Name of Tribal Chairperson or Chief Financial Officer</i>	<i>Date</i>
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SECTION 2 (To be completed by the BANK)

The account identified in Section 1 has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive electronic transfers from the State of Montana for deposit to:

(8) _____

<i>Account Name</i>	<i>Account Number</i>
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Without the payee's endorsement have been received and are in this depository's custody.

(9) _____ (10) _____

<i>Name of Bank</i>	<i>Address, City, State, ZIP</i>
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I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified in accordance with 31 CFR parts 240, 209 and 320.

(11) _____ (12) _____

<i>Signature of Authorized Bank Officer</i>	<i>Title of Authorized Bank Officer</i>
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(13) _____ (14) _____

<i>Printed Name of Authorized Bank Officer</i>	<i>Date</i>
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Please retain a photocopy for your records. Send originals to:

Indian Country Economic Development
Montana Department of Commerce
PO Box 200505
Helena MT
59620-0505