

204 Form - Electronic Funds Transfer (EFT) Instructions

The 204-EFT form authorizes the State of Montana to pay grantees via Electronic Funds Transfer a.k.a. direct deposit. Complete the following steps. *Note: Department of Administration (DOA) will deny this legal binding form request if the form is incomplete, not hand-signed (no electronic signatures), or not dated.*

1) Request Type

- Select "Initial Request" if this is your first-time receiving payment from the State of Montana. Complete sections 1-6, and 9.
- Select "Change/Add Account" if you have received payment from the State of Montana but need to change bank account information. Complete sections 1-9.
- Select "Remove Account" if you have an account, you no longer utilize. Complete sections 1, 4-9.

2) Authority Line

Print your entire name to affirm the statement.

3) New Bank Information

If you are entering banking information for the first time, or changing your banking information, add information in this section. Fill out account information carefully: missing or transposed numbers will invalidate the form and you'll have to resubmit.

- a) **Bank Name:** Enter the name of the banking establishment.
- b) **Routing Number:** Enter all the digits for your routing number.
- c) **Account Number:** Enter all the digits for your account number.
- d) **Account Type:** Select whether the account is a Checking or Savings.

4) Supplier Name

This is you or the business name, the recipient of payment. Enter your full name as it matches your Social Security Number or the business name as it matches your FEIN.

5) Tax ID Number (Enter all 9 digits)

Enter either your Social Security Number or FEIN. You must select the **Type**, either SSN or FEIN. *Select only one, do NOT put both.*

6) Address

Enter your personal address information that matches the bank info listed in section 3. Do **not** enter the banking establishment address information. **Complete all address sections.**

- a) **Line 1:** *example, 1235 Main Street*
- b) **Line 2:** *example, PO Box 456*
- c) **Line 3:** *example, if no information is applicable on this line, put N/A*
- d) **City, State, Postal Code, Country, and Phone number**
- e) **E-mail:** This valid email address will be used to send the EFT advice once payment has been made by the state.

7) Confirmation of existing bank account information:

This section is for bank accounts currently in use with the State of Montana. Enter information of an existing account you want to add/change or remove from the state system. *Removing Account: Old bank account information will be moved into history, thus removing it from state use.*

8) Read the authorization.

9) You **must** hand-sign (**no** electronic signatures) and date this form.

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 (1-7,10) Change/Add Account (1-10) Remove Account (5-10)

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) New Bank Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

5) Supplier Name: _____

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

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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) Confirmation of existing bank account information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

9) 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.

10) Authorized Signature _____

Title (If Applicable) _____

Date _____